

SCHEDULE C - SMALL BUSINESS - SELF-EMPLOYED - 1099 INCOME

Name of Business:		Type of Business:	
Gross Income		Returns & Refunds	
Cost of Inventory at Beginning of Year		Pension & Profit-Sharing Plans	
Cost of Inventory at End of Year		Rent/ Lease - Machinery & Equipment	
Purchases		Rent/ Lease - Other Business Property	
Cost of Items for Personal Use		Repairs & Maintenance	
Cost of Merchandise Purchased		Office Supplies	
Cost of Supplies/ Materials		Other Supplies/ Materials	
Cost of Labor		Taxes & Licenses	
Advertising		Telephone	
Bank Charges		Travel	
Commissions		Utilities	
Equipment Purchased (see below)		Employee Benefits	
Insurance		Wages	
Interest - Mortgage		Dues & Subscriptions	
Interest - Other		Postage & Shipping	
Legal & Professional Fees		Other Expenses Total	
Office Expenses			
Meals & Entertainment		Did you start the business this year? Yes [] No []	
Car Expenses		Number of miles driven for business:	
Year & Type of Vehicle:		Number of miles driven for commuting:	
Did you have another car for personal use? Yes [] No []		Number of miles driven for personal use:	

OTHER EXPENSES

Description	Amount
<i>Total</i>	

EQUIPMENT PURCHASED

Type/ Description	Date of Purchase	Cost	% Use for Business

OFFICE-IN-HOME BUSINESS EXPENSES

Do you have an office in your home? Yes [] No []			
Total area (square feet) of:	Home:	Garage:	Land:
Business use area (sq. feet):	Home:	Garage:	Land:
Cost of Home/ Rent:	Utilities: Electric, Gas, Internet, Etc:		
Repairs on Business Portion of Home:			
Miscellaneous:			