

SCHEDULE C –PROFIT OR LOSS FROM BUSINESS (SELF- EMPLOYED INCOME)

Business Income (Attach 1099-MISC Forms)

Business Name _____
 Federal ID No. _____
 Principal Business Activity _____
 Principal Report _____
 Principal Product _____

Accounting Method Cash Accrual

Gross Income	Amount
Gross Income	
Less Returns/Allowances	
Cost of Sales:	
Beginning Inventory	
Purchases	
Cost of Labor	
Materials and Supplies	
Freight In	
Other	
Ending Inventory	

Business Income (Attach 1099-MISC Forms)

Total Miles: _____
 Business Miles: _____
 Personal Miles: _____

Do you have written documentation to support this deduction? Cash Accrual

MILEAGE MUST BE DOCUMENTED TO DEDUCT

Business Deductions

Advertising	
Auto/Truck Expense	
Commissions and Fees	
Contract Labor	
Depletion	
Employee Benefit Program	
Insurance (other than health)	
Interest – Mortgage	
Interest – Other	
Legal & Professional Fees	
Office Expense	
Pension & Profit Sharing	
Rent or Lease (vehicles/equip.)	
Rent (other business property)	
Repairs & Maintenance	
Supplies	
Taxes & Licenses	
Travel	
Total Meals/Entertainment	
Utilities	
Wages	
Other Expenses (list):	
Family Health Coverage	

Did you have business start-up costs in 2016? Yes No (If yes, please give a description of these costs below.)

Description of Business Assets	Date Purchased	Cost	Trade-In (if any)

If so, was the business running by the end of 2016? Yes No

Business Use of Home

Total Area of Home: _____ sq. ft. Used for Business: _____ sq. ft.

Nature of Business Activity Performed in Home: _____

Was Another Office Available to You Outside the Home? Yes No

Non-Exclusive Use by Day Care Providers Only:

Hours/Day Used for Day Care: _____ Days/Year Used for Day Care: _____