

Name NEW CLIENT

SSN XXX-XX-XXXX

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

- 1 Employer Identification Number (do not enter Social Security Number)
- 2 Principal business or profession
- 3 Business name
- 4 Business address
- 5 City State _____ Zip _____

General Check Boxes (Enter "X" where applicable)

- 6 Accounting Method Cash Accrual Other - (Specify)
- 7 Did you "materially participate" in this business? Yes No
- 8 Check ('X') if you started or acquired this business in 2010.

Business Income

* Report statutory income as W-2 income.

- 9 Income reported on 1099 MISC 9
Gross receipts or sales not reported on Form 1099 or Form W-2
- 10
- 11
- 12
- 13
- 14 Returns and allowances 14
- 15 Other income 15

	Current Year Amount	Prior Year Amount
9		
10		
11		
12		
13		
14		
15		

Inventory (Enter "X" where applicable)

- 16 Method(s) used to value closing inventory . . . Cost Lower of cost or market Other
- 17 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 18 Inventory at the beginning of year 18
- 19 Purchases less cost of items withdrawn for personal use 19
- 20 Cost of labor 20
- 21 Materials and supplies 21
- 22 Other Costs 22
- 23 Inventory at end of year 23

	Current Year Amount	Prior Year Amount
18		
19		
20		
21		
22		
23		

Assets Placed in Service This Year

Description:

- A
- B
- C
- D
- E
- F
- G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

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Business _____

Self-Employed Business Expenses Cont. (Schedule C)

		Current Year Amount	Prior Year Amount
Expenses			
41	Advertising	41	
42	Contract labor	42	
43	Commissions and fees	43	
44	Depletion	44	
45	Employee benefit programs (other than on line 51)	45	
46	Insurance (other than health)	46	

Interest:

47	Mortgage (paid to banks, etc.)	47	
48	Other	48	

49	Legal and professional services	49	
50	Office expense	50	
51	Pension and profit-sharing plans	51	

Rent or Lease:

52	Machinery rental or lease	52	
53	Equipment rental or lease	53	
54	.....	54	
55	.....	55	
56	.....	56	
	Other business property rental or lease		
57	.....	57	
58	.....	58	
59	.....	59	

60	Repairs and maintenance	60	
61	Supplies (not included in inventory cost of goods sold)	61	
62	Taxes and licenses	62	

Travel, Meals, and Entertainment:

Travel

63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	

Meals and entertainment

67	Enter "X" in the box if subject to DOT hours of service limits	67	<input type="checkbox"/>	<input type="checkbox"/>
68	.....	68		
69	.....	69		
70	.....	70		
71	.....	71		

72	Utilities	72	
73	Wages	73	

Other Expenses

74	74	
75	75	
76	76	
77	77	
78	78	
79	79	
80	80	
81	81	
82	82	

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Business _____

Vehicle Information (Schedule C)

Vehicle 1 -

Vehicle 2 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .				
2	Cost of vehicle				
3	Total miles driven for the year				
4	Business miles driven during the year				
5	Commuting miles included on line 3				
6	Parking fees and tolls				
7	Vehicle Interest				
8	Vehicle Personal Property tax				

Actual Expenses

9	Gasoline, oil and repairs				
10	Vehicle Insurance				
11	Vehicle registration fees				
12	Vehicle lease or rental				
13	-----				

Vehicle 3 -

Vehicle 4 -

		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service . . .				
2	Cost of vehicle				
3	Total miles driven for the year				
4	Business miles driven during the year				
5	Commuting miles included on line 3				
6	Parking fees and tolls				
7	Vehicle Interest				
8	Vehicle Personal Property tax				

Actual Expenses

9	Gasoline, oil and repairs				
10	Vehicle Insurance				
11	Vehicle registration fees				
12	Vehicle lease or rental				
13	-----				

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Copy _____

Self-Employed Office in Home Expenses

Area of Home

1 Area **used regularly and exclusively for business**, regularly for daycare. 1

2 **Total area of home** 2

Daycare only

3 Multiply days used for daycare during year by hours used per day 3

Expenses related to entire home including business portion

4 Casualty losses 4

5 Excess mortgage interest 5

6 **Insurance** 6

7 Rent 7

8 **Repairs and maintenance** 8

9 **Utilities** 9

10 Other expenses 10

Additional expenses related to business portion only

11 Casualty losses 11

12 Excess mortgage interest 12

13 Insurance 13

14 Rent 14

15 Repairs and maintenance 15

16 Utilities 16

17 Other expenses 17

	Current Year Amount	Prior Year Amount
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		

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