

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Principal business product or profession \_\_\_\_\_ Business code \_\_\_\_\_

Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

Inventory method, if not cost  Lower of cost or market  Other \_\_\_\_\_

Change of inventory method  Yes  No

You started or acquired this business during 2017

Some investment is NOT at risk

You disposed of this property during 2017

Did you make any payments in 2017 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Form(s) 1099 for the individual(s)?  Yes  No

**Other Information**

	2017	2016
Family health coverage . . . . .	_____	_____

**Income**

	2017	2016
Gross receipts or sales . . . . .	_____	_____
Returns and allowances . . . . .	_____	_____
Other income . . . . .	_____	_____

**Cost of Goods Sold**

	2017	2016
Inventory at beginning of the year . . . . .	_____	_____
Purchases (less cost of items withdrawn for personal use) . . . . .	_____	_____
Cost of labor . . . . .	_____	_____
Materials and supplies . . . . .	_____	_____
Other costs (list on detail worksheet) . . . . .	_____	_____
Inventory at end of year . . . . .	_____	_____



## Auto Expense Worksheet

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Information

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Do you or your spouse have another vehicle available for personal use?  Yes  No

Was this vehicle available for use during off-duty hours?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

**Enter the number of miles your vehicle was used for:**

	2017	2016		Prior year total
<b>a</b> Business .....	_____		Business	
<b>b</b> Commuting .....	_____		Total	
<b>c</b> Other .....	_____			

### Expenses

	2017	2016
Garage rent .....	_____	
Gas .....	_____	
Insurance .....	_____	
Licenses .....	_____	
Oil .....	_____	
Parking fees .....	_____	
Lease payments .....	_____	
Interest .....	_____	
Property tax .....	_____	
Repairs .....	_____	
Tires .....	_____	
Tolls .....	_____	
Other expenses (list):	Apply business %	
_____ <input type="checkbox"/>	_____	
_____ <input type="checkbox"/>	_____	
_____ <input type="checkbox"/>	_____	

### Expenses for Business Use of Your Home

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Business Use of Home

TSJ \_\_\_\_\_ For \_\_\_\_\_

	2017	2016
Square feet of home used exclusively for business . . . . .		
Total square feet of home . . . . .		

#### Use of Home for Daycare

	2017	2016
Area used part time for business . . . . .		
Total hours used for daycare . . . . .		
Total hours available . . . . .		

Did you live in the home all year?     Yes     No

#### Expenses

	Office expenses		Home expenses		
	2017	2016	2017	2016	
Mortgage interest . . . . .					In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes . . . . .					
Excess mortgage interest . . . . .					
Insurance . . . . .					
Rent . . . . .					
Repairs & maintenance . . . . .					
Utilities . . . . .					
Other expenses . . . . .					

#### Cost of Home

	2017	2016
Enter the <b>smaller</b> of your home's adjusted basis or its fair market value . . . . .		
Does this include the value of the land? <input type="checkbox"/> Yes <input type="checkbox"/> No . . . . . Value of land		
Date placed in service . . . . .		
Date taken out of service . . . . .		

