



### Schedule C Worksheet

GROSS RECEIPTS	AMOUNT RECEIVED
1099 MISC	\$
	\$
EXPENSES	AMOUNT PAID
Advertising	
Yellow Pages:	\$
Other:	\$
Car & Truck Expense( <b>standard &amp; actual miles</b> )	
Year/Make/Model of Car:	
Total Miles Driven for Year:	
Total Business Miles for Year:	
Total Commuting Miles for Year:	
Car & Truck Expense( <b>actual miles only</b> )	\$
Lease Payment:	\$
Gas:	\$
Maintenance & Repairs:	\$
Insurance:	\$
Taxes:	\$
Professional Fees & Dues	
Association Dues:	\$
License:	\$
Chamber of Commerce:	\$
Other:	\$
Insurance (Other than self-employed health)	
E&O:	\$
Other:	\$
Legal & Professional Services	
Attorney:	\$
Accountant:	\$
Consultants:	\$
Bookkeeper:	\$
Office Expenses	
Voice Mail:	\$
Computer Software:	\$
Courier Service:	\$
Clerical Service:	\$
Furniture ( <i>cost, date purchased &amp; description</i> ):	\$
Equipment: ( <i>cost, date purchased &amp; description</i> ):	\$
Rent	\$
Repairs/Maintenance	
Equipment Repair:	\$
Office Cleaning:	\$

Other:	\$
Supplies	
Pens/Paper:	\$
Briefcase:	\$
Greeting Cards:	\$
Cleaning Supplies	\$
Other:	\$
Other Expenses:	
Postage:	\$
Stationary/Business Cards:	\$
Bank Charges:	\$
Marketing/Public Relations:	\$
Photocopy Expense:	\$
Publications/Subscriptions:	\$
Gifts:	\$
Telephone (other than 1st line):	\$
Cell Phone:	\$
Internet:	\$
Cost of Goods Sold:	
Beginning Inventory (1/1/18)	\$
Ending Inventory (12/31/18)	\$
Purchases	\$
Permits:	\$
Uniforms:	\$
Continuing Education:	
Course Registration:	\$
Correspondence Course Fees:	\$
Materials & Supplies:	\$
Reference Materials:	\$
Seminar Fees:	\$
Text Books:	\$
Other:	\$
Travel Expense:	
Airfare:	\$
Tolls:	\$
Car Rental:	\$
Laundry:	\$
Lodging (don't include meals):	\$
Meals (don't include lodging):	\$
Parking:	\$

Office In Home Expense: Total Sq. Ft of Home: Sq. Ft. of Office: Utilities:( <i>total amount paid for the year</i> ) Gas: Electric: Oil: Propane: Repair/Maintenance: Rent: Mortgage Interest Paid: Real Estate Taxes: Qualified Insurance:			
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
Taxes:			
Estimated Payments( <i>Please note date &amp; amount paid</i> ):	Federal		State
Due 4/17:	\$		\$
Due 6/15:	\$		\$
Due 9/17:	\$		\$
Due 1/15:	\$		\$
Payroll:	\$		\$
Property Tax:	\$		
Business Entity Tax:	\$		
Self Employed Health Insurance		\$	
Wages Paid			
Family Members:		\$	
Others:		\$	
Contract Labor:		\$	
Commissions & Fees:		\$	

**You may complete this form in any of the following ways:**

- 1) Manually
- 2) Download the form from [www.MaryJoWalker.com](http://www.MaryJoWalker.com) and complete it as a fillable form to put in your tax envelope.

**I have prepared this form to the best of my ability and have provided the tax preparer with any information that may support my Schedule C. Taxpayer Initials: \_\_\_\_\_ Spouse: \_\_\_\_\_**

Notes / Issues – please write below: