

Business Income and Expenses - TAX YEAR: _____

Your principal business or profession _____ Taxpayer or Spouse? _____
Business name _____ Employer EIN (not SSN) _____
Business address _____ Accounting method _____

Enter date if you disposed of or sold this business during the year _____

Did you make any payments in the TAX YEAR that would require you to file Form(s) 1099? _____
If "Yes," did you or will you file all required Forms 1099? _____

Business Vehicle

Date placed in service _____
Miles used for Business _____
Miles used for Commuting _____
Miles used for Personal _____

Part I Income

Gross receipts or sales \$ _____
Returns and allowances _____
Other income _____

Part II Expenses

Advertising _____
Car/Truck expenses _____
Commissions _____
Contract labor _____
Depletion _____
Employee benefit programs _____
Insurance _____
Interest - mortgage _____
Interest - other _____
Legal and professional services _____
Office expense _____
Pension and profit sharing _____
Rent or lease - vehicles, machinery _____
Rent or lease - other business property _____
Repairs and maintenance _____
Supplies _____
Taxes and licenses _____
Travel _____
Meals and entertainment _____
Utilities _____
Wages _____

Other Expenses

Telephone _____
Dues and subscriptions _____
Subcontractors _____
Bank charges _____
Credit card processing fees _____

Inventory Method:
 Cost
 Lower of Cost or Market
 Other

Inventory at beginning of year _____
Purchases less cost of items for personal use _____
Inventory at end of year _____

Office in the Home Deduction - TAX YEAR: _____

Square footage of area used for business _____

Total square footage in your home _____

Is this your spouse's Schedule C? _____

Day care facilities:

Number of days used for day care _____

Number of hours per day used for day care _____

Enter date if you disposed of or sold this business during the year _____

Expenses Directly Related to Your Business

Casualty losses	\$ _____
Deductible mortgage interest	_____
Real estate taxes	_____
Insurance	_____
Rent	_____
Repairs and maintenance	_____
Utilities	_____
Other expenses	_____

Expenses Relating to the Entire Household

Casualty losses	\$ _____
Deductible mortgage interest	_____
Real estate taxes	_____
Insurance	_____
Rent	_____
Repairs and maintenance	_____
Utilities	_____
Other expenses	_____

Carryover of operating expenses from PRIOR YEAR Form 8829 line 42 \$ _____

Carryover of excess casualty losses and depreciation from PRIOR YEAR Form 8829 line 43 \$ _____

Enter the fair market value of your home \$ _____

Enter the cost of your home \$ _____

Enter the value of the land on which your home is placed \$ _____