

**Self-employed Schedule C checklist:**

Fill out one for each separate business.

**A spreadsheet with totals or profit and loss report can be used in lieu of reporting totals here.**

**Income:** \_\_\_\_\_ (need 1099-MISC if received)      Returns/allowances: \_\_\_\_\_

**Deductions:**

Advertising: _____	Rent or lease: _____
Commissions and fees: _____	Repairs/maintenance: _____
Contract labor: _____	Supplies: _____
Business insurance: _____	Travel: _____
Mortgage interest paid: _____	Meals: _____
Other interest paid: _____	Utilities: _____ (if also personal, let us know the % business use)
Legal and professional fees: _____	Other (specify): _____
Office expense: _____	
Pension plans: _____	

**Depreciation:**

Items purchased during the year which are expected to last more than one year:

Item: \_\_\_\_\_ Cost: \_\_\_\_\_ Date purchased: \_\_\_\_\_  
 Item: \_\_\_\_\_ Cost: \_\_\_\_\_ Date purchased: \_\_\_\_\_

**Inventory:** (if selling items and maintain inventory)

Inventory at the beginning of the year: \_\_\_\_\_  
 Purchases less personal: \_\_\_\_\_  
 Ending inventory: \_\_\_\_\_

**Mileage:** business: \_\_\_\_\_ commuting: \_\_\_\_\_ other: \_\_\_\_\_

Type of vehicle: \_\_\_\_\_ Date placed in service: \_\_\_\_\_

Do you have another vehicle available for use: \_\_\_\_\_ Do you have a written mileage log: \_\_\_\_\_

**Home office** (area must be used regularly and exclusively for business purposes unless for a daycare):

Square feet of office: \_\_\_\_\_ Square feet of home: \_\_\_\_\_

Daycare only: total hours daycare provided during the year: \_\_\_\_\_

**Health insurance premiums:** \_\_\_\_\_ (if you don't have insurance through an employer of you or your spouse) (provide 1095-A if purchased through the marketplace)

**Estimated taxes paid:** Federal:      State:

Prior year carryforward: _____	_____	Federal: _____	State: _____
Date pd: _____	_____	Date pd: _____	_____
Date pd: _____	_____	Date pd: _____	_____