

**SCHEDULE C: ALL BUSINESS RELATED EXPENSES**

**BUSINESS NAME (IF ANY):**

**BUSINESS ADDRESS (IF ANY):**

LINE #	DESCRIPTION	VALUE
1	<b>Gross receipts or sales</b>	\$
4	<b>Cost of Goods Sold:</b>	\$
	Beginning inventory of the goods as on start of year	\$
	Ending inventory	\$
	<b>Purchase of goods</b>	\$
8	Advertising	\$
	<b>Car/Truck detail:</b>	
	Vehicle description (Make, Model)	
	Date vehicle was placed in service	/ /
	<b>Total Business Mileage driven during the year</b>	<b>Miles</b>
	Total Commuting Mileage driven during the year	Miles
	Total medical mileage driven during the year	Miles
	Total Charitable mileage driven during the year	Miles
	Total other mileage driven during the year	Miles
	Auto Repair and Maintenance, Car wash, Parts	\$
	Insurance, Registration, Tags Fee, Inspection Sticker	\$
	Parking Fees and Tolls paid	\$
	Gasoline and Oil	\$
	Property Tax	\$
	Interest Expense	\$
	Lease Payments	\$
	Depreciation Expense	\$
9	<b>Total Car and Truck Expenses</b>	\$
10	Commissions and Fees	\$
11	Contract labor	\$
12	Depletion	\$
13	Depreciation	\$
14	Employee benefit programs	\$
15	Insurance (other than health)	\$
16	<b>Interest</b>	
16a	Mortgage (Paid to the banks, etc)	\$
16b	other	\$
17	Legal and Professional Services	\$
18	Office Expense	\$
19	Pension & profit-sharing plans	\$
20	Rent or lease	\$
20a	Vehicles, machinery and equipment	\$
20b	Other business property	\$
21	Repairs and maintenance	\$
22	Supplies	\$

23	Taxes and licenses	\$
24	<b>Travel, meals and entertainment</b>	
24a	Travel	\$
24b	Meals and entertainment	\$
	Hotels lodging out of town business trips	\$
25	Utilities (Gas, Water, electricity etc)	\$
26	Wages	\$
	<b>Other expenses:</b>	
	Local telephone/cell phone and long distance fee	\$
	Uniforms and towels etc.	\$
	Laundry and dry cleaning/carpet cleaning	\$
	Decorations and gift items presented to vendors or employees	\$
	Postage, delivery charges and freight	\$
	Camera and film developing related to business	\$
	Work related magazines and other publications	\$
27	<b>Total other expenses</b>	\$
30	<b>Expenses of business use of your home</b>	
	Area used exclusively for business	SQ. FT
	Total area of home	SQ. FT
	Total hours facility used (day care)	Hours
	<b>Deductions for business use of your home</b>	
	Mortgage Interest	\$
	Property Tax	\$
	Hazards Insurance	\$
	Repair, lawn maintenance & pest control	\$
	Security surveillance and housekeeping	\$
	Rent payments for the home/apartment etc.	\$
<b>OTHERS</b>		\$
1		
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$
9		\$
10		\$
11		\$

**DECLARATION**

I declare that the information stated above is true, correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
(Please Type or Print Your Name)

\_\_\_\_\_  
Signatures

**Dated:** \_\_\_\_\_