

INCOME & EXPENSE SCH C SELF-EMPLOYED SERVICES
INVENTORY

Name of Business: _____ Date Started Business _____

INCOME

Gross Income/Sales \$ _____

COST OF GOODS	INVENTORY
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Subcontractors	\$ _____	Beginning Inventory	\$ _____
Other costs	\$ _____	Purchases	\$ _____
		Ending Inventory Balance	\$ _____

EXPENSES:

Advertising	\$ _____	Maintenance/Cleaning Service	\$ _____
Insurance for Business	\$ _____	Supplies(not included in COGS)	\$ _____
Interest paid on loans	\$ _____	Licenses for business	\$ _____
Legal or Professional Services	\$ _____	Travel	\$ _____
Office expenses	\$ _____	Business Meals	\$ _____
Rent/Lease (Bldg,equip)	\$ _____		\$ _____

OTHER EXPENSES (list type & amount) Enter home office expense or page F8829

DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

FURNITURE AND EQUIPMENT purchased for the business (list & include DATE of purchase)

Date: _____ Item: _____	\$ _____
Date: _____ Item: _____	\$ _____
Date: _____ Item: _____	\$ _____

VEHICLE EXPENSES:

MILEAGE YR/Make/Model _____ TTL miles driven entire year _____
Business (Jan-Jun) # _____ Business (Jul-Dec) # _____ Personal # _____

ACTUAL COSTS (complete only if NOT using the standard mileage deductions)

Gas \$ _____ Repairs \$ _____ Tabs \$ _____ Other \$ _____

THE IRS REQUIRES THAT YOU KEEP A WRITTEN RECORD OF YOUR MILEAGE

Date you started using for business _____ Is the vehicle leased? _____
Was vehicle available for personal use during off-duty hours? _____
Was the vehicle used primarily by a more than 5% owner or related person? _____
Is another vehicle available for personal use? _____ Do you have evidence of mileage in writing? _____
What type evidence to you have to support your mileage claim? _____ (Mileage book, app, calendar etc)