

## Schedule C - Self Employed Business Expenses

Client Name: \_\_\_\_\_

Income				
		Prior year		Current Year
Gross Receipts/Sales				
Other:				
Total		-		

Expenses				
		Prior year		Current Year
Advertising				
Commissions & Fees				
Contract Labor				
Employee Health Ins				
Liability Ins (not vehicle)				
Interest				
- Mortgage				
- Other				
Legal & Professional				
Office expense				
Pension/Simple IRA etc				
Rent or Lease				
Equipment Rent				
Repairs & Maintenance				
Supplies				
Taxes				
- Payroll				
- Property				
- Entity				
- Sales				
Licenses				
Travel				
Meals & Entertainment				
Utilities				
Wages				
Other:				
- Bank charges				
- Telephone				
-				
-				
-				
-				
Health Ins - owner/family				
Mileage - Total for year				
Business miles only				