

Name _____

SSN XXX-XX-XXXX

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

		Current Year Amount	Prior Year Amount
Expenses			
41	Advertising	41	
42	Contract labor	42	
43	Commissions and fees	43	
44	Depletion	44	
45	Employee benefit programs (other than on line 51)	45	
46	Insurance (other than health)	46	
Interest:			
47	Mortgage (paid to banks, etc.)	47	
48	Other	48	
49	Legal and professional services	49	
50	Office expense	50	
51	Pension and profit-sharing plans	51	
Rent or Lease:			
52	Machinery rental or lease	52	
53	Equipment rental or lease	53	
54	.....	54	
55	.....	55	
56	.....	56	
57	Other business property rental or lease	57	
58	.....	58	
59	.....	59	
60	Repairs and maintenance	60	
61	Supplies (not included in inventory cost of goods sold)	61	
62	Taxes and licenses	62	
Travel, Meals, and Entertainment:			
Travel			
63	.....	63	
64	.....	64	
65	.....	65	
66	.....	66	
Meals and entertainment			
67	Enter "X" in the box if subject to DOT hours of service limits	67	<input type="checkbox"/> <input type="checkbox"/>
68	.....	68	
69	.....	69	
70	.....	70	
71	.....	71	
72	Utilities	72	
73	Wages	73	
Other Expenses			
74	.....	74	
75	.....	75	
76	.....	76	
77	.....	77	
78	.....	78	
79	.....	79	
80	.....	80	
81	.....	81	
82	.....	82	