

**SCHEDULE C Worksheet (Self-Employed) for TAX YEAR 2020**

Due to IRS restrictions, we **cannot** prepare your return if any of these apply to you:

- Depreciation
- Total expenses greater than \$35,000
- Any loss
- Business use of your home
- Vehicle expenses reported as actual expenses
- Cost of goods sold (inventory)
- Any accounting method other than Cash

Part I	Income	Amount
Line 1	Gross receipts or sales	\$

List only actual expenses related to your ability to generate income – do not estimate. (Exclude personal use)

Part II	Expenses	Amount
Line 8	Advertising	\$
Line 10	Commissions and fees	\$
Line 15	Business Insurance (other than health)	\$
Line 16	Interest expense	\$
Line 17	Legal and professional services (tax prep, accountants and attorneys that are directly related to business)	\$
Line 18	Office supplies and postage	\$
Line 20	Rent or lease (vehicles, machinery and equipment)	
a	Vehicles, machinery and equipment	\$
b	Other business property such as office space	\$
Line 21	Repairs and maintenance	\$
Line 22	Supplies (consumed/used within the year)	\$
Line 23	Taxes and licenses	\$
Line 24	Travel and meals	
a	Travel (lodging & transportation for overnight business away from home)	\$
b	Deductible meals (business-related)	\$
Line 25	Utilities (business percentage only for telephone)	\$
Line 27a	Other expenses (from Part V below)	\$

Part IV Auto expense	
When did you place your vehicle in service for business purposes? (month, day, year)	___/___/___
Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:	
a. Business	a. _____
b. Commuting (miles driven each day from home to first business)	b. _____
c. Other (total miles minus (a) and (b))	c. _____
Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence to support your deductions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other expenses (not included in Part II above)	Amount
	\$
	\$
	\$