

## Self-Employed (Sch C) Worksheet (type-in fillable)

*(Complete a separate worksheet for each business)*

Business owner's name: \_\_\_\_\_

<input type="checkbox"/> I paid employees or other individuals	<input type="checkbox"/> I want to deduct a home office
<input type="checkbox"/> I had more than \$50,000 in business expenses	<input type="checkbox"/> I received Form 1095-A for health coverage
<input type="checkbox"/> I keep an inventory for my business	<input type="checkbox"/> I need to report a business loss
<input type="checkbox"/> I have assets to depreciate (any > \$2,500)	<input type="checkbox"/> I have an LLC or other entity

**If you checked any of the above, please stop here and speak with one of our Counselors.**

If you checked none of the above, please continue by completing the worksheet below for each business.

<b>Income</b>	
Forms 1099 (-NEC, -MISC, -K)	\$ _____
Cash, checks, etc. (incl tips)	\$ _____
<i>Use the <a href="#">tips worksheet</a> if in a qualified occupation</i>	
<b>Business expenses</b>	
Advertising	\$ _____
Commissions and fees	\$ _____
Business insurance	\$ _____
Interest on business loans	\$ _____
Office expense/supplies	\$ _____
Repairs	\$ _____
Supplies	\$ _____
Licenses or fees	\$ _____
Business part of phone	\$ _____
Training for this business	\$ _____
Tools, etc. under \$2,500 each	\$ _____
Travel away from home	\$ _____
Business meals	\$ _____
Rent (not home office)	\$ _____
Other (specify)	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

<b>Business use of car or truck</b>	
Total mileage for the year	mi. _____
Business miles	mi. _____
Commuting miles	mi. _____
Other miles	mi. _____
Do you have another car (Y/N)	_____
Vehicle description:	
Date placed in service:	
<b>Car or truck expenses</b>	
Car loan interest	\$ _____
Parking, tolls	\$ _____
Other (specify)	\$ _____
	\$ _____
	\$ _____
	\$ _____
	\$ _____

<b>To be completed by the volunteer preparer:</b>	
SEHI? Y / N _____	(see NTTC 4012 Tab D)
Eligible for subsidized health coverage? Y / N _____	
Health insurance premiums	\$ _____
Eligible for subsidized LTC coverage? Y / N _____	
LTC premiums (limited by age)	\$ _____
Include after-tax health or long-term care insurance premiums for the business owner, spouse (if filing jointly), dependents, and child under age 27 (even if not a dependent) paid by owner (or spouse if filing jointly), include Medicare or Medigap.	

### Drivers – be sure you have with you today:

- All Forms 1099 **AND** the detail provided by the company (Door Dash, Lyft, Postmates, Uber, etc.) – you need to download and print the detail from each company's web site.
- Your trip miles **AND** your between-trip miles (do not include from home to first stop nor from last stop to home).