

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

Income	
Forms 1099 (-NEC, -MISC, -K)	\$
Cash, checks, etc. (incl tips)	\$
<i>Use the tips worksheet if in a qualified occupation</i>	
Business expenses	
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)	\$
	\$
	\$
	\$
	\$
	\$
	\$

Business use of car or truck	
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:	
Car or truck expenses	
Car loan interest	\$
Parking, tolls	\$
Other (specify)	\$
	\$
	\$
	\$

To be completed by the volunteer preparer:	
SEHI? Y / N _____ (see <i>NTTC 4012 Tab D</i>)	
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).