



Self-Employment Income & Expenses Worksheet

prepares
Sch C, SE, 4562, 8829

Primary Taxpayer Name

Primary Taxpayer SSN

XXX - XX -

1040Plus will use this worksheet to prepare your Federal Schedule C (Self-Employment Income). If your Schedule C shows a profit over \$400, a Schedule SE (Self-Employment Tax) must also be prepared. If your business purchased assets or equipment which must be depreciated, Form 4562 (Depreciation & Amortization) must also be prepared. If you used part of your home exclusively for business, we may prepare a Form 8829 (Business Use of Home) if it benefits you.

Your principal business or profession _____

Employer ID (if not SSN) _____

Business name _____

Check here if this is Spouse's business

Business address (if diff. from Form 1040 Pg 1) _____

Year you started/acquired this business _____

City, St, Zip _____

Accounting Method if other than Cash: _____

INCOME

Check here if faxing Form 1099 income statements:

Gross Receipts or Sales : \$ _____

Other Income Amount: \$ _____

Other Income Description : _____

Returns and Allowances included in Gross Sales above : \$ _____

COST OF GOODS SOLD

Value of Inventory on Jan 1, 2023: \$ _____

Inventory Purchases made during 2023: \$ _____

Costs of Labor to Produce Goods: \$ _____

Materials & Supplies Used to Produce Goods: \$ _____

Other Costs: \$ _____

Value of Inventory on Dec 31, 2023: \$ _____

BUSINESS VEHICLE

Vehicle description: _____

Date you first used vehicle for business: _____

Are you leasing this vehicle? Yes: No:

If you deducted expenses for this vehicle in a prior year, indicate method: Mileage Allowance: Actual Expenses:

Mileage in 2023: Business: _____ Personal: _____

Check here if you have written evidence of your Business Mileage (log):

Parking Fees & Tolls: \$ _____

Vehicle Expenses (only if you are leasing this vehicle, or if you deducted Actual Expenses on this vehicle in a prior year) :

Fuel : \$ _____

Plates : \$ _____

Insurance : \$ _____

Repairs & Maint. : \$ _____

Lease Payments : \$ _____

EXPENSES (other than Business Use of Home expenses)

Advertising : \$ _____

Commissions & Fees : \$ _____

Insurance : Health : \$ _____ Other : \$ _____

Employees : Contract Labor : \$ _____ Wages : \$ _____

Legal & Professional Services : \$ _____

Interest : non-home Mortgage : \$ _____ Other : \$ _____

Office Supplies & Expenses : \$ _____

Repairs & Maintenance (non-home) : \$ _____

Taxes, Licenses and Dues : \$ _____

Rent : Business Property : \$ _____ Equip : \$ _____

Utilities (non-home) : \$ _____

Travel : Transportation : \$ _____ Lodging : \$ _____

Meals & Entertainment : \$ _____

Other Expenses : (Description & Amount) _____

EQUIPMENT PURCHASES/PROPERTY IMPROVEMENTS

(Description -- Date Placed in Service -- Amount)

BUSINESS USE OF YOUR HOME

Area used regularly and exclusively for business : _____ Sq. Ft.

Total area of your home : _____ Sq. Ft.

Home Expenses : _____

Check here if this home business is used as a Day Care facility :

Interest : \$ _____

R. E. Taxes : \$ _____

Insurance : \$ _____

Repairs & Maint. : \$ _____

Utilities : \$ _____