

## 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.*

Income	
Forms 1099 (-NEC, -MISC, -K)	\$
Cash, checks, etc. (incl tips)	\$
Use the <a href="#">tips worksheet</a> if in a qualified occupation	
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:	
<b>SEHI? Y / N</b> _____ (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.	

**Did you make more than \$50,000 in Southern NY (Dutchess/Orange and south)? Y/N:**

**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).