

**2019**

**1040**

**US/CA**

**Business Income (Schedule C)**

No.

**16**

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|   |  |
|---|--|
| Principal business/profession .....                 |  |
| Principal business code .....                       |  |
| Business name, if different from Form 1040 .....    |  |
| Business address, if different from Form 1040 ..... |  |
| City, if different from Form 1040 .....             |  |
| State, if different from Form 1040 .....            |  |
| ZIP code, if different from Form 1040 .....         |  |
| Foreign region .....                                |  |
| Foreign postal code .....                           |  |
| Foreign country .....                               |  |
| Employer identification number .....                |  |
| Other accounting method .....                       |  |

|   |  |  |
|---|--|--|
| Accounting method: 1=cash, 2=accrual .....  |  |  |
| Inventory method: 1=cost, 2=lower cost/market, 3=other .....  |  |  |
| 1=change of inventory method .....  |  |  |
| 1=spouse, 2=joint .....   |  |  |
| 1=first Schedule C filed for this business .....  |  |  |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no ..... |  |  |
| 1=not subject to self-employment tax .....  |  |  |
| 1=did not "materially participate" .....  |  |  |
| 1=personal services is not a material income producing factor .....                                     |  |  |
| 1=investment .....  |  |  |
| 1=minister's Schedule C .....   |  |  |
| 1=single member limited liability company .....   |  |  |
| 1=trader in financial instruments or commodities .....  |  |  |
| CA FTB Form 3805V:  |  |  |
| 1=eligible small business .....   |  |  |
| Qualified new business year: 1=1st, 2=2nd, 3=3rd .....  |  |  |
| Principle business code (SIC 1987) .....  |  |  |

**INCOME**

|   | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| Gross receipts or sales (Form 1099-MISC, box 7) ..... |             |             |
| Returns and allowances .....                          |             |             |
| Other income:   |             |             |
| _____   |             |             |
| _____   |             |             |

**COST OF GOODS SOLD**

|  |  |  |
|--|--|--|
| Inventory at beginning of the year ..... |  |  |
| Purchases .....                          |  |  |
| Cost of items for personal use .....     |  |  |
| Cost of labor .....                      |  |  |
| Materials and supplies .....             |  |  |
| Other costs:                             |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| Inventory at end of the year .....       |  |  |

2019

1040

US/CA

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

**EXPENSES**

|   | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| Accounting .....  |             |             |
| Advertising .....   |             |             |
| Answering service .....   |             |             |
| Bad debts from sales or service .....                                 |             |             |
| Bank charges .....  |             |             |
| Car and truck expenses (not entered elsewhere) .....                  |             |             |
| Commissions .....   |             |             |
| Contract labor .....  |             |             |
| Delivery and freight .....  |             |             |
| Dues and subscriptions .....  |             |             |
| Employee benefit programs .....                                       |             |             |
| Insurance (other than health) .....                                   |             |             |
| Mortgage interest (paid to banks, etc.) .....                         |             |             |
| Other interest (not entered elsewhere) .....                          |             |             |
| Janitorial .....  |             |             |
| Laundry and cleaning .....  |             |             |
| Legal and professional .....  |             |             |
| Miscellaneous .....   |             |             |
| Office expense .....  |             |             |
| Outside services .....  |             |             |
| Parking and tolls .....   |             |             |
| Pension and profit sharing plans - contributions .....                |             |             |
| Pension and profit sharing plans - admin. and education costs .....   |             |             |
| Postage .....   |             |             |
| Printing .....  |             |             |
| Rent - vehicles, machinery, & equipment (not entered elsewhere) ..... |             |             |
| Rent - other .....  |             |             |
| Repairs .....   |             |             |
| Security .....  |             |             |
| Supplies .....  |             |             |
| Taxes - real estate .....   |             |             |
| Taxes - payroll .....   |             |             |
| Taxes - sales tax included in gross receipts .....                    |             |             |
| Taxes - other (not entered elsewhere) .....                           |             |             |
| Telephone .....   |             |             |
| Tools .....   |             |             |
| Travel .....  |             |             |
| Total meals in full (50%) .....                                       |             |             |
| Department of Transportation meals in full (80%) .....                |             |             |
| Entertainment expenses in full .....                                  |             |             |
| Uniforms .....  |             |             |
| Utilities .....   |             |             |
| Wages .....   |             |             |

Other expenses:

|       |  |  |
|-------|--|--|
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |
| _____ |  |  |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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2019

1040

US

Vehicle Expenses

No.

22 p3

Please enter all pertinent 2019 amounts. Last year's amounts are provided for your reference.

**GENERAL INFORMATION**

|   | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| Description of vehicle.....   |             |             |
| 1=no evidence to support your deduction.....                            |             |             |
| 1=no written evidence to support your deduction.....                    |             |             |
| 1=vehicle is available for off-duty personal use.....                   |             |             |
| 1=no other vehicle is available for personal use.....                   |             |             |
| 1=vehicle used primarily by more than 5% owner.....                     |             |             |
| Number of months of business use if changed from 100% personal use..... |             |             |

**AUTOMOBILE MILEAGE**

|   |  |  |
|---|--|--|
| Total mileage (for the tax year).....     |  |  |
| Business mileage.....                     |  |  |
| Commuting mileage (for the tax year)..... |  |  |
| Average daily round-trip commute.....     |  |  |

**ACTUAL EXPENSES**

|  |  |  |
|--|--|--|
| Parking fees and tolls (business portion only).....        |  |  |
| Gasoline, lube, oil.....                                   |  |  |
| Repairs.....   |  |  |
| Tires.....   |  |  |
| Insurance.....   |  |  |
| Miscellaneous.....   |  |  |
| Auto license (other than personal property taxes).....     |  |  |
| Personal property taxes (based on car's value).....        |  |  |
| Interest (car loan) (for Schedule C, E & F).....           |  |  |
| Vehicle rent or lease payments.....                        |  |  |
| Inclusion amount (enter as positive).....                  |  |  |
| Value of employer-provided vehicle on Form W-2 (2106)..... |  |  |

2019

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2019 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

**BUSINESS USE OF HOME**

|   | 2019 Amount | 2018 Amount |
|---|-------------|-------------|
| Form .....  |             |             |
| Number of form (e.g., enter 2 for Schedule C number 2) .....                            |             |             |
| Business use area (square footage) .....  |             |             |
| Total area of home (square footage) .....   |             |             |
| Total hours facility used (for daycare facilities only) .....                           |             |             |
| Total hours available (if not 8,760) .....  |             |             |
| Area of home included above used exclusively for daycare business, if any (sq ft) ..... |             |             |
| % (.xx) or amount of gross income from home if not 100% (-1 if none) .....              |             |             |
| % (.xx) or amount of expenses from home if not 100% (-1 if none) .....                  |             |             |

**INDIRECT EXPENSES**

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

|                                |  |  |
|--------------------------------|--|--|
| Mortgage interest .....        |  |  |
| Real estate taxes .....        |  |  |
| Casualty losses .....          |  |  |
| Insurance .....                |  |  |
| Miscellaneous .....            |  |  |
| Rent .....                     |  |  |
| Repairs and maintenance .....  |  |  |
| Utilities .....                |  |  |
| Excess mortgage interest ..... |  |  |
| Excess real estate taxes ..... |  |  |
| Other indirect expenses:       |  |  |
| _____                          |  |  |
| _____                          |  |  |
| _____                          |  |  |

**DIRECT EXPENSES**

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

|                                 |  |  |
|---------------------------------|--|--|
| Mortgage interest .....         |  |  |
| Real estate taxes .....         |  |  |
| Casualty losses .....           |  |  |
| Insurance .....                 |  |  |
| Miscellaneous .....             |  |  |
| Rent .....                      |  |  |
| Repairs and maintenance .....   |  |  |
| Utilities .....                 |  |  |
| Excess mortgage interest .....  |  |  |
| Excess real estate taxes .....  |  |  |
| Excess casualty losses .....    |  |  |
| Allowable casualty losses ..... |  |  |
| Other direct expenses:          |  |  |
| _____                           |  |  |
| _____                           |  |  |
| _____                           |  |  |

