

# Schedule C Expenses

Taxpayer: \_\_\_\_\_ SSN: \_\_\_\_\_

Cash Income: \_\_\_\_\_ Cash Income Source: \_\_\_\_\_

## Expenses

Type of Expense	Amount	Type of Expense	Amount

## Vehicle Information:

Type of vehicle: \_\_\_\_\_

Date Purchased: \_\_\_\_\_ Date Placed In Service For Business: \_\_\_\_\_

Business Miles \_\_\_\_\_

Commuting Miles: \_\_\_\_\_ Other Miles: \_\_\_\_\_

## Other Expenses

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I (and my spouse) \_\_\_\_\_ assume full responsibility for all the information provided above to my tax preparer so that I may file my return.

Yo (y mi conyugue) \_\_\_\_\_ asumo responsabilidad absoluta por toda la informacion que le he dado al preparador para que llene mis taxes.

Taxpayer Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Tax Preparer Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_