Schedule C Expenses (1099)			Date:
Taxpayer:		SSN:	
		•	
Cash Income:		Cash Income source:	
		Expenses	
	<u> </u>		Tu.
Type of expenses	Amount	Type of expenses	Amount
4	<u> </u>		* ** ** ** ** **
t .			
7			
8		+	-
	,		* *** *** *** *** *** *** *** *** ***
7	L _i	-	1
		Vehicle Information	
E		In an area of the second	
Type of vehicle:		Date Placed in service for bu	usiness:
Date Purchased: Commutiny Miles		Business Miles: Other Miles:	
Commutiny Miles		Other Miles.	
		Other Expenses	
I (and my spouse)			information provided above to
	my tax prepa	arer so that I may file my retu	ırn.
т тил	Ť		
Taxpayer Full Name: Spouse Full Name:			
Tax Preparer Full Name			