

SCHEDULE C (Form 1040) Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074
2017
Attachment Sequence No. **09**

Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: _____ Social security number (SSN): _____

A Principal business or profession, including product or service (see instructions) **B** Enter code from instructions _____

C Business name. If no separate business name, leave blank. **D** Employer ID number (EIN) (see inst.) _____

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code _____

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2017? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2017, check here Yes No

I Did you make any payments in 2017 that would require you to file Form(s) 1099? (see instructions) Yes No

J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked. <input type="checkbox"/>	1
2	Returns and allowances	2
3	Subtract line 2 from line 1	3
4	Cost of goods sold (from line 42)	4
5	Gross profit. Subtract line 4 from line 3	5
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6
7	Gross income. Add lines 5 and 6	7 total income

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8
9	Car and truck expenses (see instructions)	9
10	Commissions and fees	10
11	Contract labor (see instructions)	11
12	Depletion	12
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13
14	Employee benefit programs (other than on line 19)	14
15	Insurance (other than health)	15
16	Interest:	16
16a	Mortgage (paid to banks, etc.)	16a
16b	Other	16b
17	Legal and professional services	17
18	Office expense (see instructions)	18
19	Pension and profit-sharing plans	19
20	Rent or lease (see instructions):	20
20a	Vehicles, machinery, and equipment	20a
20b	Other business property	20b
21	Repairs and maintenance	21
22	Supplies (not included in Part III)	22
23	Taxes and licenses	23
24	Travel, meals, and entertainment:	24
24a	Travel	24a
24b	Deductible meals and entertainment (see instructions)	24b
25	Utilities	25
26	Wages (less employment credits)	26
27a	Other expenses (from line 48)	27a see Schedule C page 2
27b	Reserved for future use	27b
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28 total expenses
29	Tentative profit or (loss). Subtract line 28 from line 7	29 profit minus expenses

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.

31 Net profit or (loss). Subtract line 30 from line 29.

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

32a All investment is at risk.
32b Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11334P Schedule C (Form 1040) 2017

8829 Expenses for Business Use of Your Home

OMB No. 1545-0074
2017
Attachment Sequence No. **176**

File only with Schedule C (Form 1040). Use a separate Form 8829 for each home you used for business during the year.
Go to www.irs.gov/Form8829 for instructions and the latest information.

Name(s) of proprietor(s): _____ Your social security number: _____

Part I Part of Your Home Used for Business

1	Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples (see instructions)	1
2	Total area of home	2
3	Divide line 1 by line 2. Enter the result as a percentage	3 %
4	For daycare facilities not used exclusively for business, go to line 4. All others, go to line 7. Multiply line 3 by line 2. Enter the result as a percentage	4 %
5	Total hours available for use during the year (365 days x 24 hours) (see instructions)	5 8,760 hr.
6	Divide line 4 by line 5. Enter the result as a decimal amount	6
7	Business percentage. For daycare facilities not used exclusively for business, multiply line 6 by line 3 (enter the result as a percentage). All others, enter the amount from line 3	7 %

Part II Figure Your Allowable Deduction

8	Enter the amount from Schedule C, line 29, plus any gain derived from the business use of your home, minus any loss from the trade or business not derived from the business use of your home (see instructions). See instructions for columns (a) and (b) before completing lines 9-21.	8
9	Casualty losses (see instructions)	9
10	Deductible mortgage interest (see instructions)	10
11	Real estate taxes (see instructions)	11
12	Add lines 9, 10, and 11	12
13	Multiply line 12, column (b), by line 7	13
14	Add line 12, column (a), and line 13	14
15	Subtract line 14 from line 8. If zero or less, enter -0-	15
16	Excess mortgage interest (see instructions)	16
17	Insurance	17
18	Rent	18
19	Repairs and maintenance	19
20	Utilities	20
21	Other expenses (see instructions)	21
22	Add lines 16 through 21	22
23	Multiply line 22, column (b), by line 7	23
24	Carryover of prior year operating expenses (see instructions)	24
25	Add line 22, column (a), line 23, and line 24	25
26	Allowable operating expenses. Enter the smaller of line 15 or line 25	26
27	Limit on excess casualty losses and depreciation. Subtract line 26 from line 15	27
28	Excess casualty losses (see instructions)	28
29	Depreciation of your home from line 41 below	29
30	Carryover of prior year excess casualty losses and depreciation (see instructions)	30
31	Add lines 28 through 30	31
32	Allowable excess casualty losses and depreciation. Enter the smaller of line 27 or line 31	32
33	Add lines 14, 26, and 32	33
34	Casualty loss portion, if any, from lines 14 and 32. Carry amount to Form 4684 (see instructions)	34
35	Allowable expenses for business use of your home. Subtract line 34 from line 33. Enter here and on Schedule C, line 30. If your home was used for more than one business, see instructions	35

Part III Depreciation of Your Home

36	Enter the smaller of your home's adjusted basis or its fair market value (see instructions)	36
37	Value of land included on line 36	37
38	Basis of building. Subtract line 37 from line 36	38
39	Business basis of building. Multiply line 38 by line 7	39
40	Depreciation percentage (see instructions)	40 %
41	Depreciation allowable (see instructions). Multiply line 39 by line 40. Enter here and on line 29 above	41

Part IV Carryover of Unallowed Expenses to 2018

42	Operating expenses. Subtract line 26 from line 25. If less than zero, enter -0-	42
43	Excess casualty losses and depreciation. Subtract line 32 from line 31. If less than zero, enter -0-	43

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 13232M Form 8829 (2017)

SCHEDULE SE (Form 1040) Self-Employment Tax

OMB No. 1545-0074
2017
Attachment Sequence No. **17**

Go to www.irs.gov/ScheduleSE for instructions and the latest information.
Attach to Form 1040 or Form 1040NR.

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR): _____ Social security number of person with self-employment income: _____

Section A - Short Schedule SE. Caution: Read above to see if you can use Short Schedule SE.

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A	1a
1b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report	2
3	Combine lines 1a, 1b, and 2	3
4	Multiply line 3 by 92.35% (0.9235). If less than \$400, you don't owe self-employment tax; don't file this schedule unless you have an amount on line 1b.	4

Note: If line 4 is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.

5 Self-employment tax. If the amount on line 4 is:

- \$127,200 or less, multiply line 4 by 15.3% (0.153). Enter the result here and on Form 1040, line 57, or Form 1040NR, line 55
- More than \$127,200, multiply line 4 by 2.9% (0.029). Then, add \$15,772.80 to the result. Enter the total here and on Form 1040, line 57, or Form 1040NR, line 55.

6 Deduction for one-half of self-employment tax. Multiply line 5 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 113592Z Schedule SE (Form 1040) 2017

Tax Flow Map for Freelancers (Sole Proprietor)

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From The Accidental CFO: Tax Flow for Freelancers published by ProVideoCoalition.com
March 2018

Click on the red boxes (or Form #) to visit that specific IRS Forms page. Search for other forms on the main IRS Forms page: [Download Forms & Instructions](#)

1040 U.S. Individual Income Tax Return 2017

OMB No. 1545-0074
IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2017, or other tax year beginning _____, 2017, ending _____, 20

Your first name and initial: _____ Last name: _____ Your separate instructions: _____ Your social security number: _____

If a joint return, spouse's first name and initial: _____ Last name: _____ Spouse's social security number: _____

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. _____
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).
Foreign country name: _____ Foreign province/state/county: _____ Foreign postal code: _____

Filing Status

1 Single
2 Married filing jointly (even if only one had income)
3 Married filing separately. Enter spouse's SSN above and full name here.
4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 Qualifying widow(er) (see instructions)

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a.
6b Spouse
6c **Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input type="checkbox"/> If child under age 17 qualifying for child tax credit (see instructions)

6d Total number of exemptions claimed _____

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7
8a	Taxable interest. Attach Schedule B if required	8a inc. Business Savings
8b	Tax-exempt interest. Do not include on line 8a	8b
9a	Ordinary dividends. Attach Schedule B if required	9a
9b	Qualified dividends	9b
10	Taxable refunds, credits, or offsets of state and local income taxes	10
11	Alimony received	11
12	Business income or (loss). Attach Schedule C or C-EZ	12 Net Profit (Sch. C)
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	13
14	Other gains or (losses). Attach Form 4797	14 sale of business assets
15a	IRA distributions	15a
15b	Taxable amount	15b
16a	Pensions and annuities	16a
16b	Taxable amount	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	17
18	Farm income or (loss). Attach Schedule F	18
19	Unemployment compensation	19
20a	Social security benefits	20a
20b	Taxable amount	20b
21	Other income. List type and amount	21
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income	22 total income

Adjusted Gross Income

23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	Deductible part of self-employment tax. Attach Schedule SE	27 half SE tax
28	Self-employed SEP, SIMPLE, and qualified plans	28 (tax-deferred savings)
29	Self-employed health insurance deduction	29 (premiums only)
30	Penalty on early withdrawal of savings	30
31a	Alimony paid	31a
31b	Recipient's SSN	31b
32	IRA deduction	32
33	Student loan interest deduction	33
34	Tuition and fees. Attach Form 8917	34
35	Domestic production activities deduction. Attach Form 8903	35
36	Add lines 23 through 35	36
37	Subtract line 36 from line 22. This is your adjusted gross income	37 *** AGI ***

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 11320B Form 1040 (2017)

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Tax and Credits

38	Amount from line 37 (adjusted gross income)	38 *** AGI ***
39a	Check <input type="checkbox"/> You were born before January 2, 1953, or <input type="checkbox"/> Blind. Total boxes checked <input checked="" type="checkbox"/> 39a	39a
39b	If your spouse itemizes on a separate return or you were a dual-status alien, check here <input type="checkbox"/> 39b	39b
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40 deduction
41	Subtract line 40 from line 38	41
42	Exemptions. If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	42 exemptions
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43 taxable income
44	Tax (see instructions). Check if any from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/>	44 Tax
45	Alternative minimum tax (see instructions). Attach Form 6251	45
46	Excess advance premium tax credit repayment. Attach Form 8962	46
47	Add lines 44, 45, and 46	47
48	Foreign tax credit. Attach Form 1116 if required	48
49	Credit for child and dependent care expenses. Attach Form 2441	49
50	Education credits from Form 8863, line 19	50
51	Retirement savings contributions credit. Attach Form 8880	51
52	Child tax credit. Attach Schedule 8812, if required	52
53	Residential energy credits. Attach Form 5695	53
54	Other credits from Form: a <input type="checkbox"/> 3800 b <input type="checkbox"/> 8801 c <input type="checkbox"/>	54
55	Add lines 48 through 54. These are your total credits	55 credits (if applicable)
56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56 Tax
57	Self-employment tax. Attach Schedule SE	57 SE Tax
58	Unreported social security and Medicare tax from Form: a <input type="checkbox"/> 4137 b <input type="checkbox"/> 8919	58
59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59
60a	Household employment taxes from Schedule H	60a
60b	First-time homebuyer credit repayment. Attach Form 5405 if required	60b
61	Health care: individual responsibility (see instructions) Full-year coverage <input type="checkbox"/>	61
62	Taxes from: a <input type="checkbox"/> Form 8959 b <input type="checkbox"/> Form 8960 c <input type="checkbox"/> Instructions; enter code(s)	62
63	Add lines 56 through 62. This is your total tax	63 Total Taxes owed

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64
65	2017 estimated tax payments, and amount applied from 2016 return	65 estimated taxes paid
66a	Earned income credit (EIC)	66a
66b	Nontaxable combat pay election	66b
67	Additional child tax credit. Attach Schedule 8812	67
68	American opportunity credit from Form 8863, line 8	68
69	Net premium tax credit. Attach Form 8962	69
70	Amount paid with request for extension to file	70
71	Excess social security and tier 1 RRTA tax withheld	71
72	Credit for federal tax on fuels. Attach Form 4136	72
73	Credits from Form: a <input type="checkbox"/> 2439 b <input type="checkbox"/> 8865 c <input type="checkbox"/> 8885 d <input type="checkbox"/>	73
74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74 total taxes paid

Refund

75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75
76a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	76a
76b	Routing number <input type="checkbox"/> and account number <input type="checkbox"/>	76b
77	Amount of line 75 you want applied to your 2018 estimated tax	77
78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78 balance owed
79	Estimated tax penalty (see instructions)	79

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? Yes. Complete below. No

Designee's name: _____ Phone no.: _____ Personal identification number (PIN): _____

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature: _____ Date: _____ Your occupation: _____ Daytime phone number: _____

Spouse's signature. If a joint return, both must sign. Date: _____ Spouse's occupation: _____ If the IRS sent you an Identity Protection PIN, enter it here (see inst.): _____

Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed
Firm's name: _____ Firm's EIN: _____
Firm's address: _____ Phone no.: _____

Go to www.irs.gov/Form1040 for instructions and the latest information. Form 1040 (2017)