

Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

Principal business/profession.....	800	
Principal business code.....	801	
Business name, if different from Form 1040.....	802	
Business address, if different from Form 1040.....	803	
City, state, ZIP code, if different from Form 1040.....	804	
Employer identification number.....	805	
Other accounting method.....	806	

Accounting method: 1=cash, 2=accrual.....	7	
Inventory method: 1=cost, 2=lower c/m, 3=other.....	6	
1=change of inventory method.....	8	
1=spouse, 2=joint.....	10	
1=first Schedule C filed for this business.....	44	
1=W-2 earnings as statutory employee.....	13	
1=not subject to self-employment tax.....	39	
1=did not "materially participate".....	22	
1=investment.....	37	
1=minister's Schedule C.....	302	
CA FTB Form 3805V:		
1=eligible small business.....	114	
Qualified new business year: 1=1st, 2=2nd, 3=3rd.....	117	
Principle business code (SIC 1987).....	826	

INCOME

	2007 Amount	2006 Amount
Gross receipts or sales (Form 1099-MISC, box 7).....	51	
Returns and allowances.....	52	
Other income:		
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	
_____	54	

COST OF GOODS SOLD

Inventory at beginning of the year.....	14	
Purchases.....	15	
Cost of items for personal use.....	16	
Cost of labor.....	17	
Materials and supplies.....	18	
Other costs:		
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
_____	19	
Inventory at end of the year.....	20	

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US

Business Income (Schedule C) (cont.)

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Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference.

EXPENSES

	2007 Amount	2006 Amount
Accounting	201	
Advertising	56	
Answering service	202	
Bad debts from sales or service	57	
Bank charges	203	
Car and truck expenses (not entered elsewhere)	59	
Commissions	60	
Contract labor	87	
Delivery and freight	204	
Dues and subscriptions	205	
Employee benefit programs	64	
Insurance (other than health)	66	
Mortgage interest (paid to banks, etc.)	12	
Other interest (not entered elsewhere)	67	
Janitorial	206	
Laundry and cleaning	207	
Legal and professional	69	
Miscellaneous	208	
Office expense	70	
Outside services	209	
Parking and tolls	210	
Pension and profit sharing plans - contributions	71	
Pension and profit sharing plans - admin. and education costs	53	
Postage	211	
Printing	212	
Rent - vehicles, machinery, & equipment (not entered elsewhere)	58	
Rent - other	72	
Repairs	73	
Security	213	
Supplies	74	
Taxes - real estate	45	
Taxes - payroll	41	
Taxes - sales tax included in gross receipts	43	
Taxes - other (not entered elsewhere)	75	
Telephone	214	
Tools	215	
Travel	76	
Total meals and entertainment in full (50%)	81	
Department of Transportation meals in full (75%)	86	
Uniforms	216	
Utilities	77	
Wages	78	

Other expenses:

_____	90	
_____	90	
_____	90	
_____	90	
_____	90	
_____	90	

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

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Vehicle Expenses

No.

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Please enter all pertinent 2007 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

	2007 Amount	2006 Amount
Description of vehicle	800	
1=no evidence to support your deduction	30	
1=no written evidence to support your deduction	31	
1=vehicle is available for off-duty personal use	39	
1=no other vehicle is available for personal use	40	
1=vehicle used primarily by more than 5% owner	41	
Number of months your job required a vehicle (if not 12 months)	333	

AUTOMOBILE MILEAGE

Total mileage	36	
Business mileage	37	
Commuting mileage	38	
Average daily round-trip commute	334	

ACTUAL EXPENSES

Parking fees and tolls (business portion only)	335	
Gasoline, lube, oil	338	
Repairs	339	
Tires	340	
Insurance	341	
Miscellaneous	342	
Auto license (other than personal property taxes)	343	
Personal property taxes (based on car's value)	344	
Interest (car loan) (for Schedule C, E & F)	345	
Vehicle rent or lease payments	350	
Inclusion amount (enter as positive)	351	
Value of employer-provided vehicle on Form W-2 (2106)	346	

**Please enter 2007 indirect expenses in full. Nonbusiness portion will carry to Schedule A.
Business percentage will be applied to indirect expenses only.**

BUSINESS USE OF HOME

	2007 Amount	2006 Amount
Form.....	45	
Number of form (e.g., enter 2 for Schedule C number 2).....	46	
Business use area (square footage).....	2	
Total area of home (square footage).....	1	
Total hours facility used (for daycare facilities only).....	3	
Total hours available (if not 8,760).....	9	
% (.xx) or amount of gross income from home if not 100% (-1 if none).....	502	
% (.xx) or amount of expenses from home if not 100% (-1 if none).....	503	

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.....	11	
Real estate taxes.....	12	
Casualty losses.....	13	
Insurance.....	14	
Miscellaneous.....	15	
Rent.....	16	
Repairs and maintenance.....	17	
Utilities.....	18	
Excess mortgage interest.....	19	
Other indirect expenses:		
_____	20	
_____	20	
_____	20	
_____	20	
_____	20	

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.....	21	
Real estate taxes.....	22	
Casualty losses.....	23	
Insurance.....	24	
Miscellaneous.....	25	
Rent.....	26	
Repairs and maintenance.....	27	
Utilities.....	28	
Excess mortgage interest.....	29	
Excess casualty losses.....	30	
Allowable casualty losses.....	31	
Other direct expenses:		
_____	32	
_____	32	
_____	32	
_____	32	
_____	32	