Expenses

Month _____ Year _____

Write the Schedule C line number from the key below. Tick the box once the receipt is filed.

Date	Paid to	What for	Line	Amount	Receipt
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Month total

Key

8	Advertising	**16b**	Interest: Other	**22**	Supplies (not included in Part III)
9	Car and truck expenses	**17**	Legal and professional services	**23**	Taxes and licenses
10	Commissions and fees	**18**	Office expense	**24a**	Travel and meals: Travel
11	Contract labor	**20a**	Rent or lease: Vehicles, machinery, and equipment	**24b**	Travel and meals: Deductible meals
13	Depreciation and section 179 expense deduction	**20b**	Rent or lease: Other business property	**25**	Utilities
15	Insurance (other than health)	**21**	Repairs and maintenance	**27b**	Other expenses (from line 48)