

## Schedule C - Profit or Loss from Business

Name:

SSN:

### General Business Information

Business name \_\_\_\_\_ Employer ID number \_\_\_\_\_

Professional product or service \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

☐ This business started or was acquired during \_\_\_\_\_

☐ Yes ☐ No

Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business

☐ This business was disposed of \_\_\_\_\_

☐ Yes ☐ No

You filed Forms(s) 1099 for the individual(s)

### Income

Gross receipts or sales . . . . . \_\_\_\_\_  Other income . . . . . \_\_\_\_\_

Income from Form(s) 1099-MISC. . . . . \_\_\_\_\_

Returns & allowances . . . . . \_\_\_\_\_

### Expenses

Advertising . . . . . \_\_\_\_\_  Travel . . . . . \_\_\_\_\_

Car & truck expenses . . . . . \_\_\_\_\_  Total meals & entertainment . . . . . \_\_\_\_\_

Commissions & fees . . . . . \_\_\_\_\_  Utilities . . . . . \_\_\_\_\_

Contract labor . . . . . \_\_\_\_\_  Wages . . . . . \_\_\_\_\_

Depletion . . . . . \_\_\_\_\_  Other expenses (list) . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_

Mortgage interest . . . . . \_\_\_\_\_

Other interest . . . . . \_\_\_\_\_

Legal & professional services . . . . . \_\_\_\_\_

Office expenses . . . . . \_\_\_\_\_

Pension & profit sharing plans . . . . . \_\_\_\_\_

Rent or lease (vehicles, machinery, & equipment) . . . . . \_\_\_\_\_

Rent (other business property) . . . . . \_\_\_\_\_

Repairs & maintenance . . . . . \_\_\_\_\_

Supplies . . . . . \_\_\_\_\_

Taxes & licenses . . . . . \_\_\_\_\_

### Cost of Goods Sold

Inventory at beginning of year . . . . . \_\_\_\_\_  Materials & supplies . . . . . \_\_\_\_\_

Purchases . . . . . \_\_\_\_\_  Other costs . . . . . \_\_\_\_\_

Cost of personal use items . . . . . \_\_\_\_\_  Inventory at end of year . . . . . \_\_\_\_\_

Cost of labor . . . . . \_\_\_\_\_  ☐ There was a change in inventory method