

## 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 Form(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