

### 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 during \_\_\_\_\_  Yes  No You filed Form(s) 1099 for the individual(s)

#### Income

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

Income from Form 1099-MISC . . . . . \_\_\_\_\_

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

#### Expenses

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

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

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

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

Depletion . . . . . \_\_\_\_\_ Other expenses . . . . . \_\_\_\_\_

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

