

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		<input type="checkbox"/> There was a change in inventory method	