

FORM C-SE	Sole Proprietor Tax Return Self-Employed Business Income & Expenses	Tax Year
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Name of Proprietor	Social Security Number (SSN)
Business Name (if different from above)	Employer Identification Number (EIN)
Business Address (including suite or room no., city, state, and ZIP code)	
Principal Business or Profession	Accounting Method <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other

PART I: INCOME

1	Gross receipts or sales	.....
2	Returns and allowances	.....
3	Subtract line 2 from line 1	.....
4	Cost of goods sold (from Part III, line 22)	.....
5	Gross profit (subtract line 4 from line 3)	.....
6	Other income	.....
7	Gross income (add lines 5 and 6)	.....

PART II: EXPENSES

8	Advertising	.....
9	Car and truck expenses	.....
10	Commissions and fees	.....
11	Depreciation and section 179 expense	.....
12	Insurance (other than health)	.....
13	Interest (on mortgages and other debt)	.....
14	Legal and professional services	.....
15	Office expense	.....
16	Rent or lease (vehicles, machinery, other business property)	.....
17	Repairs and maintenance	.....
18	Supplies	.....
19	Taxes and licenses	.....
20	Travel, meals, and entertainment	.....

21	Utilities	.....
22	Wages (less employment credits)	.....
23	Other expenses (specify details on separate sheet)	.....
24	Total expenses (add lines 8 through 23)	.....
25	NET PROFIT OR LOSS (subtract line 24 from line 7)	.....

PART III: COST OF GOODS SOLD

26	Inventory at beginning of year	.....
27	Purchases less cost of items withdrawn for personal use	.....
28	Cost of labor	.....
29	Materials and supplies	.....
30	Other costs	.....
31	Add lines 26 through 30	.....
32	Inventory at end of year	.....
33	Cost of goods sold (subtract line 32 from line 31. Enter here and on Part I, line 4)	.....

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Proprietor

Date (MM/DD/YYYY)

Paid Preparer's Signature (if applicable)

Preparer's PTIN / EIN