

**SCHEDULE C  
(Form 1040)**

**Profit or Loss From Business  
(Sole Proprietorship)**

Name of proprietor	Social security number (SSN)
Principal business or profession, including product or service	Business code
Business name	Employer ID number (EIN)
Business address (including suite or room no.)	
City, town or post office, state, and ZIP code	
Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	

**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 10)	
5	Gross profit. Subtract line 4 from line 3	
6	Other income, including federal and state gasoline or fuel tax credit or refund	
7	<b>Gross income.</b> Add lines 5 and 6	

**PART II EXPENSES**

8	Advertising	
9	Car and truck expenses	
10	Commissions and fees	
11	Contract labor	
12	Depletion	
13	Depreciation and section 179 expense deduction	
14	Employee benefit programs (other than on line 19)	
15	Insurance (other than health)	
16	Interest (mortgage, other)	
17	Legal and professional services	
18	Office expense	
19	Pension and profit-sharing plans	
20	Rent or lease (vehicles, machinery, equipment, other business property)	
21	Repairs and maintenance	
22	Supplies (not included in Part III)	
23	Taxes and licenses	
24	Travel and meals	
25	Utilities	
26	Wages (less employment credits)	
27	Other expenses (specify)	
28	<b>Total expenses.</b> Add lines 8 through 27	
29	<b>Net profit or (loss).</b> Subtract line 28 from line 7	

**PART III COST OF GOODS SOLD**

30	Inventory at beginning of year	
31	Purchases less cost of items withdrawn for personal use	

32	Cost of labor (do not include salary paid to yourself)	
33	Materials and supplies	
34	Other costs	
35	Add lines 30 through 34	
36	Inventory at end of year	
37	<b>Cost of goods sold.</b> Subtract line 36 from line 35 (enter here and on line 4)	