

SCHEDULE C

Profit or Loss From Business (Sole Proprietorship)

GENERAL INFORMATION

Name of Proprietor

Social Security Number (SSN)

Principal Business or Profession

Business Activity Code

Business Name & Address

Employer ID Number (EIN) (if applicable)

Accounting Method (e.g., Cash / Accrual)

PART I: INCOME

No.	Income Category	Amount
1	Gross receipts or sales	
2	Returns and allowances	
3	Subtract line 2 from line 1	
4	Cost of goods sold	
5	Gross profit (Subtract line 4 from line 3)	
6	Other income	
7	Gross income (Add lines 5 and 6)	

PART II: EXPENSES

No.	Expense Category	Amount
8	Advertising	
9	Car and truck expenses	
10	Commissions and fees	
11	Depletion	
12	Depreciation and section 179 expense	
13	Employee benefit programs	
14	Insurance (other than health)	
15	Interest (Mortgage / Other)	
16	Legal and professional services	
17	Office expense	
18	Rent or lease (Vehicles, machinery, equipment, other property)	
19	Repairs and maintenance	
20	Supplies	

No.	Expense Category	Amount
21	Taxes and licenses	
22	Travel and meals	
23	Utilities	
24	Wages (less employment credits)	
25	Other expenses	
26	Total expenses (Add lines 8 through 25)	

PART III: NET PROFIT OR LOSS

27	Net profit or (loss). Subtract line 26 from line 7.	
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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.

Taxpayer's Signature

Date

Social Security Number

Preparer's Signature (if other than taxpayer)

Date

PTIN/ EN