

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 2016

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 2016

Yes No

You filed Form(s) 1099 for the individual(s)

Income

	2016		2016
Gross receipts or sales	_____	Other income	_____
Income from Form 1099-MISC	_____		_____
Returns & allowances	_____		_____

Expenses

	2016		2016
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

	2016		2016
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	