

### 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 2019  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 2019  Yes  No You filed Forms 1099 for the individuals

#### Income

	2019	2018		2019	2018
Gross receipts or sales . . . . .			Other income . . . . .		
Returns & allowances . . . . .					

#### Expenses

	2019	2018		2019	2018
Advertising . . . . .			Travel . . . . .		
Car & truck expenses . . . . .			Total meals . . . . .		
Commissions & fees . . . . .			Utilities . . . . .		
Contract labor . . . . .			Wages . . . . .		
Depletion . . . . .			Other expenses (list) . . . . .		
Employee benefit programs . . . . .			_____		
Insurance (other than health) . . . . .			_____		
Interest - mortgage . . . . .			_____		
Interest - other . . . . .			_____		
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

	2019	2018		2019	2018
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		