

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Principal business product or profession _____ Business code _____

Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province/State, Country, Postal code _____

Accounting method, if not cash Accrual Other _____

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

You started or acquired this business during 2018

Some investment is NOT at risk

You disposed of this property during 2018

Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No

Other Information

	2018	2017
Family health coverage	_____	_____

Income

	2018	2017
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____

Cost of Goods Sold

	2018	2017
Inventory at beginning of the year	_____	_____
Purchases (less cost of items withdrawn for personal use)	_____	_____
Cost of labor	_____	_____
Materials and supplies	_____	_____
Other costs (list on detail worksheet)	_____	_____
Inventory at end of year	_____	_____

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Expenses

TS _____	Business name _____	Profession or product _____	
			2018
			2017
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Employee benefit programs			
Insurance (other than health)			
Interest - mortgage (paid to banks, etc.)			
Interest - other			
Legal and professional services			
Office expenses			
Pension and profit sharing plans			
Rent or lease (vehicles, machinery, and equipment)			
Rent (other business property)			
Repairs and maintenance			
Supplies			
Taxes and licenses (including real estate taxes)			
Travel			
Total meals			
Utilities			
Wages			
Other expenses (list):			

