

### 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	2015		2016	2015
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Income from Form(s) 1099-MISC. . . . .	_____	_____		_____	_____
Returns & allowances . . . . .	_____	_____		_____	_____

**Expenses**

	2016	2015		2016	2015
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	2015		2016	2015
Inventory at beginning of year . . . . .	_____	_____	Materials & supplies . . . . .	_____	_____
Purchases . . . . .	_____	_____	Other costs . . . . .	_____	_____
Cost of personal use items . . . . .	_____	_____	Inventory at end of year . . . . .	_____	_____
Cost of labor . . . . .	_____	_____			

There was a change in inventory method