

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		