

## Profit or Loss From Business Schedule C

Name:

SSN:

TS	Principal business or profession	Business code	
Business name		Employer I.D. number	
Business address			
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Did you "materially participate" in the operation of this business? <input type="checkbox"/> Yes <input type="checkbox"/> No			
You started or acquired this business during 2009 <input type="checkbox"/>		Statutory employee wages <input type="checkbox"/>	

	2009	2008		2009	2008
Gross receipts or sales			Other income		
Returns and allowances					

	2009	2008		2009	2008
Advertising			Taxes and licenses		
Car and truck expenses			Travel		
Commissions and fees			Total meals and entertainment		
Contract labor			Utilities		
Depletion			Wages		
Employee benefit programs			Other expenses (list):		
Insurance (other than health)					
Mortgage interest (paid to banks etc.)					
Other interest					
Legal & professional services					
Office expenses					
Pension and profit sharing plans					
Rent or lease (vehicles, machinery, and equipment)					
Rent (other business property)					
Repairs and maintenance					
Supplies			Family Health Coverage		

	2009	2008		2009	2008
Inventory at beginning of the year			Materials and supplies		
Purchases (less cost of items withdrawn for personal use)			Other costs		
Cost of labor			Inventory at end of year		

Inventory method, if not Cost  Lower of Cost or Market  Other  There was a change of inventory method

	2009	2008			
Date placed in service			Available when off duty	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business miles			Another vehicle available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Commuting miles			You have evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other miles			It is written	<input type="checkbox"/> Yes <input type="checkbox"/> No	