

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 2017 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 2017 Yes No You filed Form(s) 1099 for the individual(s)

Income

	2017	2016		2017	2016
Gross receipts or sales			Other income		
Income from Form(s) 1099-MISC . . .					
Returns & allowances					

Expenses

	2017	2016		2017	2016
Advertising			Travel		
Car & truck expenses			Total meals & entertainment . . .		
Commissions & fees			Utilities		
Contract labor			Wages		
Depletion			Other expenses (list)		
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

	2017	2016		2017	2016
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