

SCHEDULE C - PROFIT OR LOSS FROM BUSINESS

Suppress Schedule C-EZ

___Taxpayer ___Spouse

Business/Profession/Product or Service: _____

Business Code: _____

Business Name: _____

Fed ID#: _____ - _____

Taxpayer started or acquired this business during 2018

Taxpayer disposed of business in 2018

Taxpayer made payments in 2018 that would require taxpayer to file forms 1099

___Yes ___No

If "Yes," did or will taxpayer file all required Forms 1099?

___Yes ___No

PART I: Income

Gross receipts/sales	\$	_____		
Returns & allowances	\$	_____		
Other income	\$	_____		
1099	\$	_____	1099	\$
1099	\$	_____	1099	\$
1099	\$	_____	1099	\$

PART III Cost of Goods Sold

Beginning inventory	\$	_____
Purchase less personal	\$	_____
Cost of labor	\$	_____
Materials & supplies	\$	_____
Other costs	\$	_____
Ending inventory	\$	_____

PART II: Expenses

Advertising	\$	_____	Pensions/profit share	\$	_____
Car/Truck Exp	ON BACK	_____	Rent-vehicle, machinery	\$	_____
Commissions/Fees	\$	_____	Rent - other	\$	_____
Cont Labor <input type="checkbox"/> 1099	\$	_____	Repairs/maintenance	\$	_____
Depreciation	ON BACK	_____	Supplies	\$	_____
Employee Benefits	\$	_____	Taxes & licenses		_____
Insurance		_____	Sales	\$	_____
Liability	\$	_____	Payroll	\$	_____
Building	\$	_____	Property	\$	_____
Work Comp	\$	_____	Unemployment	\$	_____
Interest - mortgage	\$	_____	Travel; Motel, Tickets	\$	_____
Interest - other	\$	_____	# of overnites		_____/days @ _____
Legal & Professional	\$	_____	Meals (50%)	\$	_____
Office expense	\$	_____	Utilities		_____
			Gas	\$	_____
			Electric	\$	_____
Family Health Coverage	\$	_____	Sewer & water	\$	_____
			Wages (include child)	\$	_____

OTHER EXPENSES:

Bank charges	\$	_____
Cell phone	\$	_____
Computer exp	\$	_____
Credit card fees	\$	_____
Education	\$	_____
Internet	\$	_____
Mbshp & Dues	\$	_____
Postage	\$	_____
Telephone	\$	_____
Trash & cleaning	\$	_____
Web site	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____
	\$	_____

AUTO EXPENSE:	MILEAGE	OR	EXPENSE METHOD	% Business		
Year/Make/Model			Garage Rent	\$	Repairs	\$
Date In Service			Gas	\$	Tires	\$
Available off-duty hours?	YES NO		Insurance	\$	Tolls	\$
Another vehicle for personal use?	YES NO		Licenses	\$		\$
Evidence to support deduction?	YES NO		Oil	\$		\$
If YES, is evidence written?	YES NO		Parking Fees	\$		\$
Business miles			Rental Fees	\$		\$
@.545/mile		miles	Interest	\$		\$
Non-business miles		miles	Property Tax	\$		\$

TRADE INS:

Old	New	Date Bought	Amount to Boot

If using home for office in home:

Value of Home \$ _____ Price paid + Improvements \$ _____

DEPRECIATION – 4562

Description	Date Acquired	Cost/Basis	Business % Use	Method	Life

8829 – OFFICE IN HOME

Square feet of home used for business _____

Total square feet of home _____ = _____%

Use the simplified method

\$5.00 per footage maximum of 300sq feet (\$1,500 max deduction) \$5.00 x _____ square footage

Total hours used for daycare _____

NOT DIRECTLY related to the home office

Casualty losses	\$ _____	Utilities:	_____
Deductible mortgage interest	\$ _____	Gas	\$ _____
Real estate taxes	\$ _____	Electric	\$ _____
Excess mortgage interest	\$ _____	Sewer & water	\$ _____
Excess real estate taxes	\$ _____	Internet	\$ _____
Insurance	\$ _____	Telephone	\$ _____
Rent	\$ _____	Cable/TV	\$ _____
Repairs and maintenance	\$ _____	Other expenses	\$ _____
Improvements	\$ _____	Lawn and snow	\$ _____