

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 2019

Taxpayer disposed of business in 2019

Taxpayer made payments in 2019 that would require taxpayer to file forms 1099
If "Yes," did or will taxpayer file all required Forms 1099?

___Yes ___No
___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	\$	_____	Meals (80%)	\$	_____
			Utilities		_____
			Gas	\$	_____
Family Health Coverage	\$	_____	Electric	\$	_____
			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	_____	
Date In Service	_____	
Available off-duty hours?	YES	NO
Another vehicle for personal use?	YES	NO
Evidence to support deduction?	YES	NO
If YES, is evidence written?	YES	NO
Business miles	_____	
@.58/mile	_____	miles
Non-business miles	_____	

Garage Rent	\$ _____	Repairs	\$ _____
Gas	\$ _____	Tires	\$ _____
Insurance	\$ _____	Tolls	\$ _____
Licenses	\$ _____		\$ _____
Oil	\$ _____		\$ _____
Parking Fees	\$ _____		\$ _____
Rental Fees	\$ _____		\$ _____
Interest	\$ _____		\$ _____
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	\$ _____
Deductible mortgage interest	\$ _____
Real estate taxes	\$ _____
Excess mortgage interest	\$ _____
Excess real estate taxes	\$ _____
Insurance	\$ _____
Rent	\$ _____
Repairs and maintenance	\$ _____
Improvements	\$ _____

Utilities:	_____
Gas	\$ _____
Electric	\$ _____
Sewer & water	\$ _____
Internet	\$ _____
Telephone	\$ _____
Cable/TV	\$ _____
Other expenses	\$ _____
Lawn and snow	\$ _____