

Profit and Loss From Business

SCH C

| | |
|-----------------------------------|----------------|
| Name: | SSN: |
| | |
| Principle business or profession: | Business Code: |
| Business Name: | EIN: |
| Business Address: | |
| City: | State: Zip: |

| |
|---|
| Did you make any payments that would require you to file Form (s) 1099? |
| If "Yes" did you or will file all required Forms 1099? |

| Income | Amount | Other Income | Amount |
|---|--------|--------------------------|--------|
| Gross receipts or Sales | | Other Income | |
| Returns and allowances | | | |
| Expenses | Amount | | Amount |
| Advertising | | Taxes and licenses | |
| Auto expenses (see auto worksheet) | | Travel | |
| Commissions and fees | | Meals | |
| Contract labor | | Utilities | |
| Employee Benefits | | Wages | |
| Insurance (other than health) | | Other expenses (list) | |
| Interest Exepnse | | | |
| Legal & professional fees | | | |
| Office expenses | | | |
| Rent Equipment | | | |
| Rent | | | |
| Repairs and maintenance | | | |
| Supplies | | Family Health Coverage | |
| Cost of Goods Sold | Amount | | |
| Inventory at beginning of the year | | Cost of labor | |
| | | Materials and supplies | |
| Purchases (less cost of items withdrawn for personal use) | | Other costs | |
| | | Inventory at end of year | |

| |
|--|
| When did you start this business? |
| Do you have receipts or documents to support your summarization above? |