

## Profit or Loss From Business Schedule C

Name:

SSN:

TS		Principal business or profession	Business code
Business name			Employer I.D. number
Business address			
City			
<b>U.S. Only</b>		State, ZIP	
<b>Foreign Only</b>		Province/State, Country, Postal Code	
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
Activity type			Some investment is NOT at risk <input type="checkbox"/>
You started or acquired this business during 2014 <input type="checkbox"/>		You disposed of this property during 2014 <input type="checkbox"/>	
Did you make any payments in 2014 that would require you to file Form(s) 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did you or will you file all required Forms 1099?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Income</b>		<b>2014</b>	<b>2013</b>
Gross receipts or sales			Other income
Returns and allowances			
<b>Expenses</b>		<b>2014</b>	<b>2013</b>
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			Other (Detail)
Supplies			Family Health Coverage
<b>Cost of goods sold</b>		<b>2014</b>	<b>2013</b>
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other <input type="checkbox"/> There was a change of inventory method <input type="checkbox"/>			
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Purchases (less cost of items withdrawn for personal use)			Other costs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

## Profit or Loss From Business

### Schedule C General Information

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS		Principal business or profession	Business code
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Employer I.D. number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. Only** State, ZIP \_\_\_\_\_

**Foreign Only** Province/State, Country, Postal Code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other

Inventory method, if not cost  Lower of Cost or Market  Other

Change of inventory method  Yes  No

Activity type \_\_\_\_\_ Some investment is NOT at risk

You started or acquired this business during 2014  You disposed of this property during 2014

Did you make any payments in 2014 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099?  Yes  No

**Other Information** **2014** **2013**

Family Health Coverage		
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**Income** **2014** **2013**

Gross receipts or sales		
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Returns and allowances		
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Other income		
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**Cost of Goods Sold** **2014** **2013**

Inventory at beginning of the year		
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Purchases (less cost of items withdrawn for personal use)		
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Cost of labor		
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Materials and supplies		
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Other costs (list on detail worksheet)		
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Inventory at end of year		
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**Profit or Loss From Business**  
Schedule C General Information

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

TS  Business name \_\_\_\_\_ Profession or product \_\_\_\_\_

<b>Expenses</b>		<b>2014</b>	<b>2013</b>
Advertising			
Car and truck expenses			
Commissions and fees			
Contract labor			
Depletion			
Employee benefit programs			
Insurance (other than health)			
Mortgage interest (paid to banks, etc.)			
Other interest			
Legal and professional services			
Office expense			
Pension and profit sharing plans			
Rent or lease (vehicles, machinery, and equipment)			
Rent (other business property)			
Repairs and maintenance			
Supplies			
Taxes and licenses (including real estate taxes)			
Travel			
Total meals and entertainment			
Utilities			
Wages			
Other expenses (list):			
Other (Detail)			