

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 2016 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 2016 Yes No You filed Form(s) 1099 for the individual(s)

Income

	2016	2016
Gross receipts or sales	_____	Other income _____
Income from Form 1099-MISC	_____	_____
Returns & allowances	_____	_____

Expenses

	2016	2016
Advertising	_____	Travel _____
Car & truck expenses	_____	Total meals & entertainment _____
Commissions & fees	_____	Utilities _____
Contract labor	_____	Wages _____
Depletion	_____	Other expenses _____
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

	2016	2016
Inventory at beginning of year	_____	Materials & supplies _____
Purchases	_____	Other costs _____
Cost of personal use items	_____	Inventory at end of year _____
Cost of labor	_____	<input type="checkbox"/> There was a change in inventory method