2019

Schedule C - Profit or Loss from Business

Name: SSN:

General Business Information

TS _____ Principal business product or profession _____ Business code _____

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

You started or acquired this business during 2019 ☐

Some investment is NOT at risk ☐

You disposed of this property during 2019 ☐

Did you make any payments in 2019 that would require you to file Forms 1099? ☐ Yes ☐ No

If "Yes," did you or will you file all required Forms 1099 for the individuals? ☐ Yes ☐ No

Other Information

	2019	2018
Family health coverage		

Income

	2019	2018
Gross receipts or sales		
Returns and allowances		
Other income		

Cost of Goods Sold

	2019	2018
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

2019

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Name: SSN:

Expenses

TS _____ Business name _____ Profession or product _____

	2019	2018
Advertising		
Car and truck expenses		
Commissions and fees		
Contract labor		
Depletion		
Employee benefit programs		
Insurance (other than health)		
Interest - mortgage (paid to banks, etc.)		
Interest - other		
Legal and professional services		
Office expenses		
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		
Utilities		
Wages		

Other expenses (list):
