

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 2019 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 2019 Yes No You filed Forms 1099 for the individuals

Income

	2019	2019
Gross receipts or sales	_____	Other income _____
Returns & allowances	_____	_____

Expenses

	2019	2019
Advertising	_____	Travel _____
Car & truck expenses	_____	Total meals _____
Commissions & fees	_____	Utilities _____
Contract labor	_____	Wages _____
Depletion	_____	Other expenses (list) _____
Employee benefit programs	_____	_____
Insurance (other than health)	_____	_____
Interest - mortgage	_____	_____
Interest - other	_____	_____
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

	2019	2019
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

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

Yes No
 This vehicle is available for use during off-duty hours
 Another vehicle is available for personal use

Yes No
 There is evidence to support your deduction
 The evidence is written

Mileage

Number of miles the vehicle was driven during 2019

Business _____

Commuting _____

Other _____

Expenses

Garage rent _____ Repairs _____

Gas _____ Tires _____

Insurance _____ Tolls _____

Licenses _____ Lease addback _____

Oil _____ Other expenses _____

Parking fees _____ _____

Rental fees _____ _____

Interest _____ _____

Property tax _____ _____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used _____

How many hours per day was the area used _____

The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest _____

Real estate taxes _____

Excess mortgage interest _____

Excess real estate taxes _____

Insurance _____

Rent _____

Repairs & maintenance _____

Utilities _____

Other expenses _____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.