

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 _____

- | | | |
|--|--|---|
| <input type="checkbox"/> This business started or was acquired during 2021 | <input type="checkbox"/> Yes <input type="checkbox"/> No | Payments of \$600 or more were paid to an individual who is not your employee for services provided for this business |
| <input type="checkbox"/> This business was disposed of during 2021 | <input type="checkbox"/> Yes <input type="checkbox"/> No | You filed Forms 1099 for the individuals |

Income

Gross receipts or sales _____ Other income _____

Returns & allowances _____ _____

Expenses

Advertising _____ Utilities _____

Car & truck expenses (Actual) _____ Wages _____

Commissions & fees _____ Other expenses (list) _____

Contract labor _____ _____

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 _____

Travel _____

Total meals _____

Business Use of Home

Total square footage of house _____

Square footage of home office (used exclusively for business) _____

Simplified Business Mileage Method

(56 cents per mile)

Total annual business miles _____

Cost of Goods Sold

Inventory at beginning of year _____

Purchases _____

Cost of labor _____

Materials & supplies _____

Other costs _____

Inventory at end of year _____