

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			
U.S. Only		State, ZIP	
Foreign Only		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

Income	2014	2013	2014	2013
Gross receipts or sales			Other income	
Returns and allowances				

Expenses	2014	2013	2014	2013
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	

Cost of goods sold	2014	2013	2014	2013
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Purchases (less cost of items withdrawn for personal use)			Other costs	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	