

Profit or Loss From Business Schedule C

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Business name		Employer I.D. number		
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Activity type _____ You disposed of this property during 2011 <input type="checkbox"/>				
You started or acquired this business during 2011 <input type="checkbox"/>				
Did you make any payments in 2011 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	2011	2010	2011	2010
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Payments from Form 1099-K			Returns and allowances	
Gross receipts or sales			Other income	
Statutory Employee Earnings				

Expenses	2011	2010	2011	2010
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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	2011	2010	2011	2010
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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Purchases (less cost of items withdrawn for personal use)			Other costs	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	

Inventory method, if not Cost Lower of Cost or Market Other There was a change of inventory method

Profit or Loss From Business
Schedule C General Information

Name:

SSN:

TS	Business name	Profession or product
Expenses		
		2011
		2010
Advertising		
Car and truck expenses		
Commissions and fees		
Contract labor		
Depletion		
Employee benefit programs		
Insurance (other than health)		
Mortgage interest (paid to banks etc.)		
Other interest		
Legal and professional services		
Office expense		
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 and entertainment		
Utilities		
Wages		
Other expenses (list):		
Other (Detail)		

Profit or Loss From Business

Schedule C General Information

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Employer I.D. number				
Business name				
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Inventory method, if not cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other			Change of inventory method <input type="checkbox"/> Yes <input type="checkbox"/> No	
Activity type				You disposed of this property during 2011 <input type="checkbox"/>
You started or acquired this business during 2011 <input type="checkbox"/>				
Did you make any payments in 2011 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

Other Information

2011 **2010**

Family Health Coverage

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Income **2011** **2010**

Merchant Card and third party payments from Form 1099-K

Gross receipts or sales

Statutory Employee Earnings that were not reported on Form W-2

Returns and allowances

Other income (list on detail worksheet)

Cost of Goods Sold **2011** **2010**

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