

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 2020

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 2020

Yes No

You filed Forms 1099 for the individuals

Income

	2020	2019		2020	2019
Gross receipts or sales	_____	_____	Other income	_____	_____
Returns & allowances	_____	_____		_____	_____

Expenses

	2020	2019		2020	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

	2020	2019		2020	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		

