

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Purchases (less cost of items withdrawn for personal use)			Other costs	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

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		

Profit or Loss From Business

Schedule C General Information

Name:

SSN:

TS	Business name	Profession or product	2011	2010
Expenses				
	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)			

Auto Expense Worksheet

Name:

SSN:

For

Business name & Profession/Product

Description

Date placed in service

Do you or your spouse have another vehicle available for personal use? Yes No

Was your vehicle available for use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

a Business miles before 7/1

b Business miles before 6/30

c Commuting

d Other

2011

2010

Expenses:

2011

2010

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Lease payments

Interest

Property tax

Repairs

Tires

Tolls

Other expenses (list):

Apply Business %