

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Purchases (less cost of items withdrawn for personal use)			Other costs		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