

**Profit or (Loss) From Business or Profession**

(Sole Proprietorship)

Partnerships, Joint Ventures, etc., Must File Form 1065.

▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

1979

09

Name of proprietor

Social security number of proprietor

**A** Main business activity (see Instructions) ▶ ; product ▶

**B** Business name ▶

**C** Employer identification number

**D** Business address (number and street) ▶

City, State and Zip Code ▶

**E** Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

**F** Method(s) used to value closing inventory:

(1) ☐ Cost (2) ☐ Lower of cost or market (3) ☐ Other (if other, attach explanation)

**G** Was there any major change in determining quantities, costs, or valuations between opening and closing inventory? . . .

If "Yes," attach explanation.

**H** Did you deduct expenses for an office in your home? . . .

**I** Did you elect to claim amortization (under section 191) or depreciation (under section 167(o)) for a rehabilitated certified historic structure (see Instructions)? . . .

(Amortizable basis (see Instructions) ▶ )

| Yes | No |
|-----|----|
|     |    |
|     |    |
|     |    |
|     |    |

**Part I Income**

|                                                                                |           |  |  |
|--------------------------------------------------------------------------------|-----------|--|--|
| <b>1 a</b> Gross receipts or sales . . . . .                                   | <b>1a</b> |  |  |
| <b>b</b> Returns and allowances . . . . .                                      | <b>1b</b> |  |  |
| <b>c</b> Balance (subtract line 1b from line 1a) . . . . .                     | <b>1c</b> |  |  |
| <b>2</b> Cost of goods sold and/or operations (Schedule C-1, line 8) . . . . . | <b>2</b>  |  |  |
| <b>3</b> Gross profit (subtract line 2 from line 1c) . . . . .                 | <b>3</b>  |  |  |
| <b>4</b> Other income (attach schedule) . . . . .                              | <b>4</b>  |  |  |
| <b>5</b> Total income (add lines 3 and 4) . . . . . ▶                          | <b>5</b>  |  |  |

**Part II Deductions**

|                                                                                                                                                                                                             |           |                                               |                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------|----------------------------------------------------------|--|
| <b>6</b> Advertising . . . . .                                                                                                                                                                              |           | <b>31 a</b> Wages . . . . .                   |                                                          |  |
| <b>7</b> Amortization . . . . .                                                                                                                                                                             |           | <b>b</b> Jobs credit . . . . .                |                                                          |  |
| <b>8</b> Bad debts from sales or services . . . . .                                                                                                                                                         |           | <b>c</b> WIN credit . . . . .                 |                                                          |  |
| <b>9</b> Bank charges . . . . .                                                                                                                                                                             |           | <b>d</b> Total credits . . . . .              |                                                          |  |
| <b>10</b> Car and truck expenses . . . . .                                                                                                                                                                  |           | <b>e</b> Subtract line 31d from 31a . . . . . |                                                          |  |
| <b>11</b> Commissions . . . . .                                                                                                                                                                             |           | <b>32</b> Other expenses (specify):           |                                                          |  |
| <b>12</b> Depletion . . . . .                                                                                                                                                                               |           | <b>a</b> . . . . .                            |                                                          |  |
| <b>13</b> Depreciation (explain in Schedule C-2) . . . . .                                                                                                                                                  |           | <b>b</b> . . . . .                            |                                                          |  |
| <b>14</b> Dues and publications . . . . .                                                                                                                                                                   |           | <b>c</b> . . . . .                            |                                                          |  |
| <b>15</b> Employee benefit programs . . . . .                                                                                                                                                               |           | <b>d</b> . . . . .                            |                                                          |  |
| <b>16</b> Freight (not included on Schedule C-1) . . . . .                                                                                                                                                  |           | <b>e</b> . . . . .                            |                                                          |  |
| <b>17</b> Insurance . . . . .                                                                                                                                                                               |           | <b>f</b> . . . . .                            |                                                          |  |
| <b>18</b> Interest on business indebtedness . . . . .                                                                                                                                                       |           | <b>g</b> . . . . .                            |                                                          |  |
| <b>19</b> Laundry and cleaning . . . . .                                                                                                                                                                    |           | <b>h</b> . . . . .                            |                                                          |  |
| <b>20</b> Legal and professional services . . . . .                                                                                                                                                         |           | <b>i</b> . . . . .                            |                                                          |  |
| <b>21</b> Office supplies . . . . .                                                                                                                                                                         |           | <b>j</b> . . . . .                            |                                                          |  |
| <b>22</b> Pension and profit-sharing plans . . . . .                                                                                                                                                        |           | <b>k</b> . . . . .                            |                                                          |  |
| <b>23</b> Postage . . . . .                                                                                                                                                                                 |           | <b>l</b> . . . . .                            |                                                          |  |
| <b>24</b> Rent on business property . . . . .                                                                                                                                                               |           | <b>m</b> . . . . .                            |                                                          |  |
| <b>25</b> Repairs . . . . .                                                                                                                                                                                 |           | <b>n</b> . . . . .                            |                                                          |  |
| <b>26</b> Supplies (not included on Schedule C-1) . . . . .                                                                                                                                                 |           | <b>o</b> . . . . .                            |                                                          |  |
| <b>27</b> Taxes . . . . .                                                                                                                                                                                   |           | <b>p</b> . . . . .                            |                                                          |  |
| <b>28</b> Telephone . . . . .                                                                                                                                                                               |           | <b>q</b> . . . . .                            |                                                          |  |
| <b>29</b> Travel and entertainment . . . . .                                                                                                                                                                |           | <b>r</b> . . . . .                            |                                                          |  |
| <b>30</b> Utilities . . . . .                                                                                                                                                                               |           | <b>s</b> . . . . .                            |                                                          |  |
| <b>33</b> Total deductions (add amounts in columns for lines 6 through 32s) . . . . . ▶                                                                                                                     | <b>33</b> |                                               |                                                          |  |
| <b>34</b> Net profit or (loss) (subtract line 33 from line 5). If a profit, enter on Form 1040, line 13, and on Schedule SE, Part II, line 5a (or Form 1041, line 6). If a loss, go on to line 35 . . . . . | <b>34</b> |                                               |                                                          |  |
| <b>35</b> If you have a loss, do you have amounts for which you are not "at risk" in this business (see Instructions)? . . . . .                                                                            |           |                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

**SCHEDULE C-1.—Cost of Goods Sold and/or Operations** (See Schedule C Instructions for Part I, line 2)

|                                                                                                                         |           |  |
|-------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> Inventory at beginning of year (if different from last year's closing inventory, attach explanation) . . . . . | <b>1</b>  |  |
| <b>2 a</b> Purchases . . . . .                                                                                          | <b>2a</b> |  |
| <b>b</b> Cost of items withdrawn for personal use . . . . .                                                             | <b>2b</b> |  |
| <b>c</b> Balance (subtract line 2b from line 2a) . . . . .                                                              | <b>2c</b> |  |
| <b>3</b> Cost of labor (do not include salary paid to yourself) . . . . .                                               | <b>3</b>  |  |
| <b>4</b> Materials and supplies . . . . .                                                                               | <b>4</b>  |  |
| <b>5</b> Other costs (attach schedule) . . . . .                                                                        | <b>5</b>  |  |
| <b>6</b> Add lines 1, 2c, and 3 through 5 . . . . .                                                                     | <b>6</b>  |  |
| <b>7</b> Inventory at end of year . . . . .                                                                             | <b>7</b>  |  |
| <b>8</b> Cost of goods sold and/or operations (subtract line 7 from line 6). Enter here and on Part I, line 2 . ▶       | <b>8</b>  |  |

**SCHEDULE C-2.—Depreciation** (See Schedule C Instructions for line 13)

If you need more space, please use Form 4562.

| Description of property<br>(a)                                                                 | Date<br>acquired<br>(b) | Cost or<br>other basis<br>(c) | Depreciation<br>allowed or allowable<br>in prior years<br>(d) | Method of<br>computing<br>depreciation<br>(e) | Life<br>or rate<br>(f) | Depreciation for<br>this year<br>(g) |
|------------------------------------------------------------------------------------------------|-------------------------|-------------------------------|---------------------------------------------------------------|-----------------------------------------------|------------------------|--------------------------------------|
| <b>1</b> Total additional first-year depreciation (do not include in items below) →            |                         |                               |                                                               |                                               |                        |                                      |
| <b>2</b> Other depreciation:                                                                   |                         |                               |                                                               |                                               |                        |                                      |
| Buildings . . . . .                                                                            |                         |                               |                                                               |                                               |                        |                                      |
| Furniture and fixtures . . . . .                                                               |                         |                               |                                                               |                                               |                        |                                      |
| Transportation equipment . . . . .                                                             |                         |                               |                                                               |                                               |                        |                                      |
| Machinery and other equipment . . . . .                                                        |                         |                               |                                                               |                                               |                        |                                      |
| Other (specify) . . . . .                                                                      |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
|                                                                                                |                         |                               |                                                               |                                               |                        |                                      |
| <b>3</b> Totals . . . . .                                                                      |                         |                               |                                                               |                                               | <b>3</b>               |                                      |
| <b>4</b> Depreciation claimed in Schedule C-1 . . . . .                                        |                         |                               |                                                               |                                               | <b>4</b>               |                                      |
| <b>5</b> Balance (subtract line 4 from line 3). Enter here and on Part II, line 13 . . . . . ▶ |                         |                               |                                                               |                                               | <b>5</b>               |                                      |

**SCHEDULE C-3.—Expense Account Information** (See Schedule C Instructions for Schedule C-3)

Enter information for yourself and your five highest paid employees. In determining the five highest paid employees, add expense account allowances to the salaries and wages. However, you don't have to provide the information for any employee for whom the combined amount is less than \$25,000, or for yourself if your expense account allowance plus line 34, page 1, is less than \$25,000.

| Name<br>(a)        | Expense account<br>(b) | Salaries and wages<br>(c) |
|--------------------|------------------------|---------------------------|
| Owner . . . . .    |                        |                           |
| <b>1</b> . . . . . |                        |                           |
| <b>2</b> . . . . . |                        |                           |
| <b>3</b> . . . . . |                        |                           |
| <b>4</b> . . . . . |                        |                           |
| <b>5</b> . . . . . |                        |                           |

Did you claim a deduction for expenses connected with:

|                                                                                                                                   | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>A</b> Entertainment facility (boat, resort, ranch, etc.)? . . . . .                                                            |     |    |
| <b>B</b> Living accommodations (except employees on business)? . . . . .                                                          |     |    |
| <b>C</b> Conventions or meetings you or your employees attended outside the U.S. or its possessions? (See Instructions) . . . . . |     |    |
| <b>D</b> Employees' families at conventions or meetings? . . . . .                                                                |     |    |
| If "Yes," were any of these conventions or meetings outside the U.S. or its possessions? . . . . .                                |     |    |
| <b>E</b> Vacations for employees or their families not reported on Form W-2? . . . . .                                            |     |    |