

## Profit or Loss From Business Schedule C

<b>Name:</b>		<b>SSN:</b>			
TS	Principal business or profession			Business code	
Business name		Employer I.D. number			
Business address					
City					
<b>U.S. Only</b>		State, ZIP			
<b>Foreign Only</b>		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 2013 <input type="checkbox"/>			You disposed of this property during 2013 <input type="checkbox"/>		
Did you make any payments in 2013 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	
<b>Income</b>		<b>2013</b>	<b>2012</b>	<b>2013</b>	<b>2012</b>
Gross receipts or sales				Other income	
Returns and allowances					
<b>Expenses</b>		<b>2013</b>	<b>2012</b>	<b>2013</b>	<b>2012</b>
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	
<b>Cost of goods sold</b>		<b>2013</b>	<b>2012</b>	<b>2013</b>	<b>2012</b>
Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other		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Purchases (less cost of items withdrawn for personal use)				Other costs	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	

## 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 \_\_\_\_\_

City \_\_\_\_\_

**U.S. Only** State, ZIP \_\_\_\_\_

**Foreign Only** Province/State, Country, Postal Code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other

Inventory method, if not cost  Lower of Cost or Market  Other Change of inventory method  Yes  No

Activity type \_\_\_\_\_ Some investment is NOT at risk

You started or acquired this business during 2013  You disposed of this property during 2013

Did you make any payments in 2013 that would require you to file Form(s) 1099?  Yes  No

If "Yes," did you or will you file all required Forms 1099?  Yes  No

<b>Other Information</b>	<b>2013</b>	<b>2012</b>
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Family Health Coverage		
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<b>Income</b>	<b>2013</b>	<b>2012</b>
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Gross receipts or sales		
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Returns and allowances		
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Other income		
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<b>Cost of Goods Sold</b>	<b>2013</b>	<b>2012</b>
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Inventory at beginning of the year		
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Purchases (less cost of items withdrawn for personal use)		
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Cost of labor		
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Materials and supplies		
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Other costs (list on detail worksheet)		
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Inventory at end of year		
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