

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 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
Income		2013	2012	2013	2012
Gross receipts or sales			Other income		
Returns and allowances					
Expenses		2013	2012	2013	2012
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		2013	2012	2013	2012
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Purchases (less cost of items withdrawn for personal use)			Other costs		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

Other Information	2013	2012
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Family Health Coverage		
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Income	2013	2012
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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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Cost of Goods Sold	2013	2012
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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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