

Schedule C - Profit or Loss from Business or Profession

Activity Information		
Indicate: T = Taxpayer, S = Spouse, J = Joint _____		
Business name _____		
Street _____		
City, state, zip, country _____		
Principal business/profession _____		
_____ Employer identification number	_____ Tax shelter ID number	_____ Tax shelter registration number
Accounting Method		
Indicate method of accounting: A = Accrual, O = Other, Blank = Cash, B = Leave unanswered _____		
If other (specify) _____		
Inventory Valuation		
Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)		
C = Cost, L = Lower of cost or market, O = Other, D = Not applicable _____		
X if there was any change in determining quantities, cost, or valuation of inventories _____		
Miscellaneous Information		
Indicate X if this business was started or acquired during 2019 _____		
Indicate X if you received earnings as a statutory employee _____		
Indicate X if the business was disposed of in 2019 _____		
Indicate X if the business was ever audited by IRS, State, or Foreign Tax Authority _____		
Year of audit _____		
Indicate X if you made any payments in 2019 that would require you to file Form(s) 1099 _____		
Indicate X if you filed all required Form(s) 1099 _____		

Organizer | Income | Business Income | *Business Name* | Business Information | Sch. C Activity Information

Income		
Gross Receipts or Sales		
	2019 amount	PY amount
_____	_____	
_____	_____	
Total or override	_____	
Returns & allowances	_____	
Cost of Goods Sold and/or Operations		
	2019 amount	PY amount
Inventory at beginning of year	_____	
Purchases less cost of items withdrawn for personal use	_____	
Cost of labor	_____	
Materials and supplies	_____	
Other costs related to inventory	_____	
_____	_____	
_____	_____	
Inventory at end of year	_____	
Total cost of goods sold and/or operations	_____	
Reimbursements		
Meals and Entertainment	_____	
Other reimbursements	_____	
Other Income		
	2019 amount	PY amount
_____	_____	
_____	_____	
Total other income (Lines 29-30)	_____	
Portfolio Income	_____	

Organizer | Income | Business Income | *Business Name* | Business Information | Income/Expenses

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Expenses	2019 amount	PY amount	
Advertising	_____	_____	32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page)	_____	_____	33
Commissions and fees	_____	_____	34
Contract Labor	_____	_____	35
Employee benefit programs	_____	_____	36
Insurance (other than health insurance)	_____	_____	37
Mortgage interest paid to financial institutions If amount is entered, please attach details and required bank documents.	_____	_____	38
Other interest	_____	_____	39
Legal and professional services	_____	_____	40
Office expenses postage, etc.	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Machinery and equipment rent	_____	_____	43
Other business property rent	_____	_____	44
Repairs and maintenance	_____	_____	45
Supplies	_____	_____	46
Taxes and licenses	_____	_____	47
Travel	_____	_____	48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation)	_____	_____	49
Utilities	_____	_____	50
Wages (gross)	_____	_____	51
Total expenses (Lines 32-51)	_____	_____	
Indicate X if you were subject to the Department of Transportation hours of service limits			52

Other Expenses	2019 amount	PY amount	
Local transportation including train, cabs, bus, etc.	_____	_____	53
Overnight travel expense (lodging, car rental, taxi, etc. excluding meals)	_____	_____	54
Telephone	_____	_____	55
Professional dues	_____	_____	56
Stationery, postage	_____	_____	57
Professional magazines, journals	_____	_____	58
Other expenses (e.g. uniforms required as condition of employment)	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total (Lines 53-63)	_____	_____	T

Domestic Production Deduction - Sec. 199A	2019	PY	
- Qualified Business Income	_____	_____	64
- Specified Service Trade of Business	_____	_____	65
- If there were wages paid to employees, provide a copy of Form W-3 filed for this activity	_____	_____	66

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Business name: _____

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2019. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MM DD YYYY	Cost or unadjusted basis	Business use %	Date sold MM DD YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

New Clients: For assets placed in service prior to 1/1/2019, please provide a schedule of accumulated depreciation on a per asset basis.

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | *Business Name* | Depreciation and Amortization | Asset Detail _____

Notes: