

PROFIT or LOSS from BUSINESS (Sole Proprietorship)

Schedule C

Business Name

Name of Business Owner

Year of

Spouse's Name

Type of Business, Profession, Product, or Service

Business Address

Accounting Method (circle one)

Cash

Accrual

Other

Dependants' Names

Date of Birth

Social Security #

Relationship

Bring ALL copies of form W-2 for wages and form 1099 when you drop off your tax papers.

BUSINESS INCOME

Gross Receipts/Sales

Returns & Allowances

Total Business Income

OTHER BUSINESS INCOME

Federal Gas Tax Credit

State Gas Tax Refund

Other Income

Total Other Income

COGS

Beginning Inventory

Purchases less personal draw

Labor

Materials & Supplies

Other Costs

End Inventory

Checked Total Income

Checked Total Expense

*preparer use only

List the sale of any business assets.

Kind of Property/ Description

Date Acquired

Date Sold

Sale Price

Purchase Price

