

## Profit or Loss From Business Schedule C

Name: **JOHN & JANE TAXPAYER** SSN: **On File**

TS  T  Principal business or profession **Business** 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  Accrual  Other

Activity type Some investment is NOT at risk

You started or acquired this business during 2014  You disposed of this property during 2014

Did you make any payments in 2014 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

	2014	2013		2014	2013
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Gross receipts or sales			Other income		
Returns and allowances					

	2014	2013		2014	2013
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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		

	2014	2013		2014	2013
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Inventory method, if not Cost <input type="checkbox"/> Lower of Cost or Market <input type="checkbox"/> Other <input type="checkbox"/>			There was a change of inventory method		
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Purchases (less cost of items withdrawn for personal use)			Other costs		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		