

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Principal business product 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

You started or acquired this business during 2018

Some investment is NOT at risk

You disposed of this property during 2018

Did you make any payments in 2018 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Form(s) 1099 for the individual(s)? Yes No

Other Information

	2018	2017
Family health coverage		

Income

	2018	2017
Gross receipts or sales		
Returns and allowances		
Other income		

Cost of Goods Sold

	2018	2017
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

