

Business Name _____

Tax Year _____

SCH. C PROFIT OR LOSS FROM BUSINESS

| <u>Description</u> | <u>Amount</u> |
|--------------------------------------|----------------------|
| <u>Income</u> | |
| Gross Receipts | |
| Other Income | |
| <u>Total Income</u> | <hr/> <u>\$ -</u> |
| <u>Expenses</u> | |
| Auto Expenses (Mileage) | |
| Commissions & Fees | |
| Contract Labor | |
| Employee Benefits | |
| Insurance (Business & Worker's Comp) | |
| Mortgage Interest | |
| Other Interest | |
| Legal & Professional Services | |
| Office Expenses | |
| Pension & Profit-Sharing Plans | |
| Rent/Lease (Equipment) | |
| Rent/Lease (Other Business Property) | |
| Repairs & Maintenance | |
| Supplies | |
| Licenses (Corp/LLC Renewal) | |
| Property Taxes | |
| Travel | |
| Meals | |
| Utilities | |
| Salaries & Wages | |
| Other Expenses | |
| <u>Total Expenses</u> | <hr/> <u>\$ -</u> |