

Schedule C - General Information

Taxpayer/Spouse/Joint	_____
Employer identification number	_____
Principal business/profession	_____
Business name	_____
Medical insurance premiums paid by this activity	_____
Long-term care insurance premiums paid by this activity	_____

Business Income

	Amount
Gross receipts or sales	_____
Returns and allowances	_____
Other income:	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cost of Goods Sold

	Amount
Beginning inventory	_____
Purchases	_____
Other costs	_____
Ending inventory	_____

Schedule C - Expenses

	Amount		Amount
Advertising	_____	Supplies	_____
Car and truck expenses	_____	Taxes and licenses	_____
Commissions and fees	_____	Travel	_____
Contract Labor	_____	Travel meals	_____
Depletion	_____	Utilities	_____
Employee benefit programs	_____	Wages	_____
Insurance (Other than health)	_____	Other expenses:	_____
Interest - Mortgage	_____	_____	_____
Interest - Other	_____	_____	_____
Legal and professional services	_____	_____	_____
Office expense	_____	_____	_____
Pension and profit sharing	_____	_____	_____
Rent/lease - Vehicles, machinery	_____	_____	_____
Rent/lease - Other business property	_____	_____	_____
Repairs and maintenance	_____	_____	_____
Supplies	_____	_____	_____
Taxes and licenses	_____	_____	_____