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|-------------|-------------|-----------|-------------------------------------|--|-----------|
| 2020 | 1040 | US | Business Income (Schedule C) | No. <input style="width:30px;" type="text"/> | 16 |
|-------------|-------------|-----------|-------------------------------------|--|-----------|

Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | |
|---|--|
| Principal business/profession | |
| Principal business code | |
| Business name, if different from Form 1040 | |
| Business address, if different from Form 1040 | |
| City, if different from Form 1040 | |
| State, if different from Form 1040 | |
| ZIP code, if different from Form 1040 | |
| Foreign region | |
| Foreign postal code | |
| Foreign country | |
| Employer identification number | |
| Other accounting method | |

| | | |
|---|--|--|
| Accounting method: 1=cash, 2=accrual | | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other | | |
| 1=change of inventory method | | |
| 1=spouse, 2=joint | | |
| 1=first Schedule C filed for this business | | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no | | |
| 1=not subject to self-employment tax | | |
| 1=did not "materially participate" | | |
| 1=personal services is not a material income producing factor | | |
| 1=investment | | |
| 1=minister's Schedule C | | |
| 1=single member limited liability company | | |
| 1=trader in financial instruments or commodities | | |

INCOME

| | 2020 Amount | 2019 Amount |
|---|-------------|-------------|
| Gross receipts or sales (Form 1099-MISC, box 7) | | |
| Returns and allowances | | |
| Other income: | | |
| _____ | | |
| _____ | | |
| _____ | | |

COST OF GOODS SOLD

| | | |
|--|--|--|
| Inventory at beginning of the year | | |
| Purchases | | |
| Cost of items for personal use | | |
| Cost of labor | | |
| Materials and supplies | | |
| Other costs: | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Inventory at end of the year | | |

2020

1040

US

Business Income (Schedule C) (cont.)

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Please enter all pertinent 2020 amounts. Last year's amounts are provided for your reference.

EXPENSES

| | 2020 Amount | 2019 Amount |
|--|-------------|-------------|
| Accounting..... | | |
| Advertising..... | | |
| Answering service..... | | |
| Bad debts from sales or service..... | | |
| Bank charges..... | | |
| Car and truck expenses (not entered elsewhere)..... | | |
| Commissions..... | | |
| Contract labor..... | | |
| Delivery and freight..... | | |
| Dues and subscriptions..... | | |
| Employee benefit programs..... | | |
| Insurance (other than health)..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Other interest (not entered elsewhere)..... | | |
| Janitorial..... | | |
| Laundry and cleaning..... | | |
| Legal and professional..... | | |
| Miscellaneous..... | | |
| Office expense..... | | |
| Outside services..... | | |
| Parking and tolls..... | | |
| Pension and profit sharing plans - contributions..... | | |
| Pension and profit sharing plans - admin. and education costs..... | | |
| Postage..... | | |
| Printing..... | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | | |
| Rent - other..... | | |
| Repairs..... | | |
| Security..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - payroll..... | | |
| Taxes - sales tax included in gross receipts..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Tools..... | | |
| Travel..... | | |
| Total meals in full (50%)..... | | |
| Department of Transportation meals in full (80%)..... | | |
| Uniforms..... | | |
| Utilities..... | | |
| Wages..... | | |

Other expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

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