

SCHEDULE C - GENERAL INFORMATION

Business Name _____
 Federal Identification Number _____ Activity Code: _____
 Accounting method: Cash _____ Accrual _____ Other (Explain) _____
 Total Medical Insurance Premiums Paid in 2017 \$ _____
 Did you start your business in 2017? Yes _____ No _____
 Did you make any payments in 2017 that require a 1099? Yes _____ No _____
 If yes, did you or will you file all required Form 1099's? Yes _____ No _____

BUSINESS INCOME:

Gross receipts or sales \$ _____
 Returns and allowances \$ _____
 Other Income: _____
 _____ \$ _____
 _____ \$ _____
TOTAL INCOME: \$ _____

COST OF GOODS SOLD:

Beginning Inventory \$ _____
 Purchases \$ _____
 Labor \$ _____
 Materials \$ _____
 Other costs: _____
 _____ \$ _____
 Ending Inventory \$ _____
TOTAL COST OF GOODS SOLD \$ _____
GROSS PROFIT \$ _____

EXPENSES:

Advertising \$ _____
 Car and truck expenses/ \$.535 _____ Miles..... \$ _____
 Make/Model _____ Business Miles _____ Total Miles _____
 Commissions and fees \$ _____
 Employee benefit programs \$ _____
 Insurance (Other than health) \$ _____
 Interest:
 Mortgage (Paid to banks, etc. per 1098) \$ _____
 Other \$ _____
 Legal and professional services \$ _____
 Office expense \$ _____
 Pension and profit sharing \$ _____
 Rent or lease:
 Vehicles, machinery, and equipment \$ _____
 Other business property \$ _____
 Repairs and maintenance \$ _____
 Supplies \$ _____
 Taxes and licenses:
 Sales Tax \$ _____
 Personal Property Tax \$ _____
 Payroll Tax \$ _____
 Real Estate Tax \$ _____
 Travel, meals, and entertainment:
 Travel & Lodging \$ _____
 Meals and entertainment-\$57 & \$63-truckers (Enter 100%) _____ X
 (50% normal or transportation workers DOT 80%) = _____ \$ _____
 Utilities \$ _____
 Wages \$ _____
 Other expenses: _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
TOTAL EXPENSES \$ _____

NET PROFIT (LOSS) \$