

Business Name:	
Profit or Loss from Business	
Schedule C General Information	
Name	SSN/FEIN:
Principal Business or Profession	
Business code	
Business Name	
Employer I.D. number	
Accounting Method	Cash. <input type="checkbox"/> Acrua <input type="checkbox"/> Other <input type="checkbox"/>
Inventory Method	Cost <input type="checkbox"/> Lower of cost or Market <input type="checkbox"/> Other <input type="checkbox"/>
Change of inventory Method	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Propriator	
Is this the first Schedule C in the Operation of this Business <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you Materially participate in the operation of this business <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you acquire or start this business in 2006 ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
INCOME	
Gross Receipts or sales	
Returns and allowance	
Other Income	
Cost of Good sold	
Inventory at beginning of the year	
Purchases (less cost of items withdrawn for personal use)	
Cost of Labor	
Materials and Supplies	
Other cost	
Inventory and end of year	
VEHICLE EXPENSE	
Type of Vehicle/Make/Year	
Date place in service	
Business miles	
Commuting miles	
Other miles	
Notes	

