

Profit or Loss From Business

Schedule C General Information

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code	
Employer I.D. number				
Business name				
Business address				

Accounting method Cash Accrual Other

Inventory method Cost Lower of Cost or Market Other Change of inventory method Yes No

Did you "materially participate" in the operation of this business? Yes No

You started or acquired this business during 2008 Statutory employee wages

Information on your vehicle		2008	2007	
Date placed in service				Available when off duty <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles before July 1			Total miles for 2007	Another vehicle available <input type="checkbox"/> Yes <input type="checkbox"/> No
Business miles after June 30				You have evidence <input type="checkbox"/> Yes <input type="checkbox"/> No
Commuting miles				It is written <input type="checkbox"/> Yes <input type="checkbox"/> No
Other miles				

Other Information	2008	2007
Family Health Coverage		

Income	2008	2007
Gross receipts or sales		
Returns and allowances		
Other income (list on detail worksheet)		

Cost of Goods Sold	2008	2007
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs (list on detail worksheet)		
Inventory at end of year		

