

SCHEDULE C: PROFIT OR LOSS FROM BUSINESS TP106

12/29/2021

A. Product/service _____

Taxpayer

Spouse

C. Business Name _____

CAR EXPENSE

_____/_____/_____
T _____ MILES

B _____ MILES

ACTUAL \$ _____

USE ACTUAL

PART 1 - INCOME

1. Gross receipts/sales _____

2. Returns/allowances _____

3. Gross sales less Returns & allowances _____

PART 3- COST OF GOODS SOLD/OPERATIONS

35. Beginning Inventory 35. _____

36. Purchases 36. _____

37. Cost of Labor 37. _____

38. Materials/supplies 38. _____

40. Cost of goods sold subtotal 40. _____

41. Ending inventory 41. _____

4. Cost of goods sold/operations 4. _____

5. Gross profit 5. _____

6. Other income 6. _____

7. Gross income 7. _____

PART 2 - EXPENSES

8. Advertising 8. _____

9. Car Exp (SEE BOX) 9. _____

10. Commissions 10. _____

11. Contract Labor 11. _____

13 Depreciation 13. _____

Section 179 Exp.

14. Employee benefits 14. _____

15. Insurance 15. _____

16. Interest 16. _____

16a. Mortgage 16a. _____

16b. Other 16b. _____

17. Legal/Professional 17. _____

18. Office expense 18. _____

19. Pension plans 19. _____

20a. Machinery/equip 20a. _____

20b. Business property 20b. _____

FOR NEW ASSETS ONLY

_____/_____/_____
TOTAL COST \$ _____ / _____

BUILD\$ _____ / _____

LAND\$ _____

IMPRV\$ _____ / _____

EQUIP\$ _____ / _____

SEP \$ _____

KEOUGH \$ _____

SELF-EMP HEALTH INS\$ _____

21. Repairs & maintenance 21. _____

22. Supplies 22. _____

23. Taxes & licenses 23. _____

24a. Travel 24a. _____

24b. Total meals/ent
(only 50% deductible) 24b. _____

25. Utilities 25. _____

26. Wages 26. _____

27. Other expenses 27. _____

28.Total Expenses 28. _____

31. Net profit or (loss) 31. _____

I ACKNOWLEDGE THAT I HAVE PROVIDED
THE TAX PREPARER ALL INCOME & EXPENSE #'S
AND I HAVE VERIFIED THEM

X _____

Taxpayer Signature