SCHEDULE C – GENERAL INFORMATION

Business Name _____

Federal Identification Number _____ Activity Code: _____

Accounting method: Cash Accrual Other (Explain) _____

Total Medical Insurance Premiums Paid in 2010 ..... $ _____

Did you start your business in 2010? 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/ $.50 _____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-$46 & $59-truckers (Enter 100%) _____ X

(50% normal or transportation workers DOT 80%) = _____ $ _____

Utilities ..... $ _____

Wages ..... $ _____

Other expenses:

_____ $ _____

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL EXPENSES $ _____

NET PROFIT (LOSS) $ _____