## **SCHEDULE C-EZ** (Form 1040)

## **Net Profit From Business**

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B. ► Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.

Attachment Sequence No. **09A** 

Name of proprietor Social security number (SSN) **WALTER SEIBERT** 531-00-4568

Part	General Information			_			
School School	<ul> <li>May Use edule C-EZ ead of edule C if You:</li> <li>Did not have an inventory at any time during the year.</li> <li>Did not have a net loss from your business.</li> <li>Had no emended in the proprietor, qualified joint venture, or statutory employee.</li> <li>Had no emended in the proprietor in the proprietor</li></ul>	quirecton and ss. S. S. S. S. S. Income duct or home	d to fil nd Am See the e 13, t expen ne. or yea	e Form or ortization e instruction find or sees for but ar unallow	4562, n, for tions for ut if you pusiness		
A F	Principal business or profession, including product or service	В	Enter	business	code (see	e page	2)
PETO	CARE			8   1	2 9	11	ó
	Business name. If no separate business name, leave blank.	D	Ente	r your E	IN (see	page	2)
WAL	T'S PET SERVICES						
	Business address (including suite or room no.). Address not required if same as on page 1 of your tax return.						_
:	23 FOURTH STREET						
C	City, town or post office, state, and ZIP code						
	ANYTOWN, US 00001						
F [	Did you make any payments in 2014 that would require you to file Form(s) 1099? (see the Schedu	le C	;				
i	nstructions)				es 🛚	□No	
G I	f "Yes," did you or will you file required Forms 1099?			Y	es [	No	
Part	Figure Your Net Profit						
1	<b>Gross receipts. Caution.</b> If this income was reported to you on Form W-2 and the "Statut employee" box on that form was checked, see <i>Statutory employees</i> in the instructions Schedule C, line 1, and check here		1		6,25	50	00
2	Total expenses (see page 2). If more than \$5,000, you must use Schedule C		2		1,04	10	00
3	Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on be Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 and Schedule SE, line 2 (see instructions). (Statutory employees do not report this amount on Schedule SE, line Estates and trusts, enter on Form 1041, line 3		3		<b>5,2</b> 1	10	00
Part	Information on Your Vehicle. Complete this part only if you are claiming car or t	rucl	k exp	enses	on line	2.	
4	When did you place your vehicle in service for business purposes? (month, day, year) ▶						
5	Of the total number of miles you drove your vehicle during 2014, enter the number of miles you used your vehicle for:						
а	Business <b>b</b> Commuting (see page 2) <b>c</b> Other	ər					
6	Was your vehicle available for personal use during off-duty hours?	-		□ Y	es [	No	
7	Do you (or your spouse) have another vehicle available for personal use?			□ Y	es [	□No	
8a	Do you have evidence to support your deduction?	•		<b>□ Y</b>	es [	No	
h	If "Yes." is the evidence written?			ПΥ	<b>6</b> 6	□Nο	