SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

Name of proprietor						Social security number (SSN)			
A	Principal business or profession	B Enter NEW	code from pages C-8 & 9						
С	Business name. If no separate business name, leave blank.					D number (EIN), if any			
E	Business address (including sur City, town or post office, state,								
F	Accounting method: (1)	☐ Cash (2) ☐	Accrual	(3) ☐ Other (specify) ►					
G				luring 1998? If "No," see page C-2					
Н		ousiness during 199	98, check here	<u> </u>		▶ □			
Pa	rt I Income								
1				u on Form W-2 and the "Statutory ck here] 1				
2	Returns and allowances								
3	Subtract line 2 from line 1 .				. 3				
4	Cost of goods sold (from line 4	2 on page 2)			. 4				
					5				
5	Gross profit. Subtract line 4 from line 3								
6	Other income, including Federa	il and state gasolin	e or fuel tax cre	dit or refund (see page C-3)	. 6				
7	Gross income. Add lines 5 and	1.6			▶				
	Expenses. Enter ex	penses for busi	ness use of v	our home only on line 30.					
8	Advertising	8		19 Pension and profit-sharing plan	ıs 19				
9	Bad debts from sales or			20 Rent or lease (see page C-5):	19				
3	services (see page C-3)	9		a Vehicles, machinery, and equipment					
10	Car and truck expenses			b Other business property .					
	(see page C-3)	10		21 Repairs and maintenance .					
11	Commissions and fees	11		22 Supplies (not included in Part III)	. 22				
12	Depletion	12		23 Taxes and licenses	. 23				
13	Depreciation and section 179			24 Travel, meals, and entertainm					
	expense deduction (not included			a Travel	. 24a				
	in Part III) (see page C-4)	13		b Meals and en-					
14	Employee benefit programs	14		tertainment .					
4-	(other than on line 19)	15		c Enter 50% of line 24b subject					
15 16	Insurance (other than health) . Interest:	13		to limitations (see page C-6).					
	Mortgage (paid to banks, etc.) .	16a		d Subtract line 24c from line 24b	24d				
	Other	16b		25 Utilities	. 05				
17	Legal and professional			26 Wages (less employment credits)					
	services	17		27 Other expenses (from line 48 of	n				
18	Office expense	18		page 2)	. 27				
28	Total expenses before expense	es for business use	e of home. Add	lines 8 through 27 in columns .	▶ 28				
29	Tentative profit (loss). Subtract				. 29				
30	Expenses for business use of y				. 30				
31	Net profit or (loss). Subtract lin			OF the O (state))				
	 If a profit, enter on Form 104 see page C-6). Estates and trus 	31							
	, • ,		1041, IIIIE 3.						
32	 If a loss, you MUST go on to If you have a loss, check the be 		our investment	in this activity (see page C-6)					
J <u>L</u>	 If you checked 32a, enter the 	32a □ ΔI	I investment is at risk.						
	(statutory employees, see page	7 —	ome investment is not						
	 If you checked 32b, you MUS 		risk						

Schedule C (Form 1040) 1998

Pa	till Cost of Goods Sold (see page C-7)											
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c		Other (att	ach expla	anation)							
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation											
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35										
36	Purchases less cost of items withdrawn for personal use	36										
37	Cost of labor. Do not include any amounts paid to yourself	37										
38	Materials and supplies	38										
39	Other costs	39										
40	Add lines 35 through 39	40										
41	Inventory at end of year	41										
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42										
	Information on Your Vehicle. Complete this part ONLY if you are claiming line 10 and are not required to file Form 4562 for this business. See the instance C-4 to find out if you must file.	ng c										
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/											
44	Of the total number of miles you drove your vehicle during 1998, enter the number of miles you used you	ur ve	hicle for:									
а	Business											
45	Do you (or your spouse) have another vehicle available for personal use?		🗆	Yes		No						
46	Was your vehicle available for use during off-duty hours?		🗆	Yes		No						
47a	Do you have evidence to support your deduction?		🗆	Yes		No						
b	If "Yes," is the evidence written?		Г	Yes		No						
	Other Expenses. List below business expenses not included on lines 8–26	or lir	ne 30.									
48	Total other expenses. Enter here and on page 1, line 27	48										