SCHEDULE C (Form 390) Department of Treasury ASG - Tax Office		Profit or Loss From Business (Sole Proprietorship) ▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B. ▶ Attach to Form 390 or Form 1041 ▶ See Instructions for Schedule C (Form 390).					2013	
Nar	ne of proprietor				Social securit	ty number (S	SN)	
A	Principal business or professio	incipal business or profession, including product or service (see page C-1 of the instructions) B Enter code fr				om pages C-7 & 8		
С	Business name. If no separate	business name, leave blan	k.	D Er	nployer ID n	umber (EIN), if aı	ny
E	Business address (including su	uite or room no.) ►			<u> </u>			
	City, town or post office, state,							
F	Accounting method: 1		Accrual 3 Other (specify)					4
G			iness during 2009? If "No," see page C-2 for limit on loss	es			×s ∟	No
H	If you started or acquired this b	business during 2013, check	k nere					
Par		n If this income was report	ted to you on Form W/2 and the "Statutory		<u> </u>			
1	employee" box on that form wa		ted to you on Form W-2 and the "Statutory Ind check here		1			
2	Returns and allowances				2			
3	Subtract line 2 from line 1				3			
4	Cost of goods sold (from line 4	2 on page 2)			4			
5	Gross profit. Subtract line 4 fr	om line 3			5			
6	Other income, including Feder	al and state gasoline or fuel	I tax credit or refund (see page C-2)		6			
7	Gross income. Add lines 5 an	id 6			7			
Par	til Expenses. Ent	ter expenses for business u	se of your home only on line 30.					
8	Advertising	8	19 Pension and profit-shaing plans		19			
9	Bad debts from sales or		20 Rent or lease (see page C-4)					
	services (see page C-3)	9	a Vehicle, machinery, and eq	quipment	20a			
10	Car and truck expenses	10	b Other business property		20b			
11	(see page C-3) Commissions and fees	10	21 Repairs and maintenance 22 Supplies (not included in Part III	\	21 22			
	Depletion	12	22 Supplies (not included in Fait in 23 Taxes and licenses	/	22			
	Depreciation and section 179			nt:				
	expense deduction (not include	ed	a Travel		24a			
	in Part III) (see page C-3)	13	b Meals and					
14	Employee benefit programs		entertainment					
	(other than on line 19)	14	c Enter nondeductible					
	Insurance (other than health)	15	amount included					
16	Interest: a Mortgage (paid to banks,	etc.) 16a	on line 24b (see page C-5)					
	b Other	16b	d Subtract line 24c from line 3	24b	24d			
17	Legal and professional		25 Utilities		25			
	services	17	26 Wages (less employment credits	s)	26			
18	Office expense	18	27 Other expenses (from line 48 on		27			
			e. Add lines 8 through 27 in columns		28			
29	Tentative profit (loss). Subtract				29			
30			529		30			
31	• • •		edule SE, line 2 (statutory employees,		31			
	see page C-5). Estates and tru • If a loss, you must go to line		ne 3.		<u> </u>			
32	-	•	stment in this activity (see page C-5). 2, and also on Schedule SE, line 2		32a 🗍 /	All investme	nt is a	ıt risk.
	(statutory employees, see pag • If you checked 32b, you mu	,	enter on Form 1041, line 3.	-		Some invest at risk.	ment	is not

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Par	t III Cost of Goods Sold (see page C-6)							
33	Method(s) used to							
	alue closing inventory: a Cost b Lower of cost or market c Other (attach explanation)							
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If	_	□ v	No				
05	"Yes," attach explanation	0.5	Yes					
	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35						
	Purchases less cost of items withdrawn for personal use 36	36						
	Cost of labor. Do not include any amounts paid to yourself 37	37						
	Materials and supplies 38	38						
	Other costs 39	39 40						
	Add lines 35 through 39	40						
	Inventory at end of year	41						
	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42						
Par								
	line 10 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-3 to find out if you must file.							
43	When did you place your vehicle in service for business purposes? (month, day, year) ► . /		1					
44	Of the total number of miles you drove your vehicle during 2000, enter the number of miles you used your vehicle for:							
	a Business b Commuting c Other							
45	Do you (or your spouse) have another vehicle available for personal use?		Yes	No No				
46	Was your vehicle available for use during off-duty hours?		Yes					
47	a Do you have evidence to support your deduction?		Yes	No No				
	b If "Yes," is the evidence written?		🗀 Yes	🔟 No				
Par	t V Other Expenses. List below business expenses not included on lines 8–26 or line 30.	—						
48	Total other expenses. Enter here and on page 1, line 27 48			-				

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