SCHEDULE	С
(Form 1040)	

Department of the Treasury Internal Revenue Service

Name of preprinter

(99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074 2 Attachment Sequence No. 09 ▶ Attach to Form 1040, 1040NR, or 1041. ▶ See Instructions for Schedule C (Form 1040). . .

				Social s	Social security number (SSN)					
A	Principal business or profession, including product or service (see page C-2 of the instructions)					r code from page	es C-8, 9	9, & 10 		
С	Business name. If no separate b	ousiness name, lea	ave blank.		D Empl	loyer ID number	· (EIN), if	f any		
E	Business address (including sui City, town or post office, state,									
F G H	Accounting method: (1) Did you "materially participate" If you started or acquired this b	Cash (2)	f this business c	(3) ☐ Other (specify) ►	r limit on	losses	Yes			
Pa	rt I Income									
1	employee" box on that form wa			u on Form W-2 and the "Statutory] 1					
2					. 2 3					
3	Subtract line 2 from line 1				· – –					
4					·					
5				dit or refund (see page C-3).	•					
6 7	Gross income. Add lines 5 and				7					
Pa	rt II Expenses. Enter ex	penses for busi	iness use of y	our home only on line 30.				<u>. </u>		
8	Advertising	8		18 Office expense	18					
9	Car and truck expenses (see			19 Pension and profit-sharing plans	19					
•	page C-4)	9		20 Rent or lease (see page C-5):						
10	Commissions and fees	10		a Vehicles, machinery, and equipment	. 20a					
11	Contract labor (see page C-4)	11		b Other business property	. 20b					
12	Depletion	12		21 Repairs and maintenance .	. 21					
13	Depreciation and section 179			22 Supplies (not included in Part III)						
	expense deduction (not			23 Taxes and licenses	. 23					
	included in Part III) (see			24 Travel, meals, and entertainment:						
	page C-4)	13		a Travel	. <u>24a</u>					
14	Employee benefit programs			b Deductible meals and						
	(other than on line 19).			entertainment (see page C-6)	24b			<u> </u>		
15	Insurance (other than health) .	15		25 Utilities	. <u>25</u> 26					
16	Interest:	16a		26 Wages (less employment credits)						
a L	Mortgage (paid to banks, etc.) .	16b		27 Other expenses (from line 48 or						
	Other			page 2)						
••	services	17								
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	line 28 from line 7			29					
30	Expenses for business use of ye				30					
31	Net profit or (loss). Subtract lir									
	• If a profit, enter on both Forn			, line 2, or on Form 1040NR,						
	line 13 (statutory employees, se	e page C-7). Esta	ites and trusts, e	enter on Form 1041, line 3.	31					
	• If a loss, you must go to line	32.		J						
32	If you have a loss, check the bo	ox that describes y	your investment	in this activity (see page C-7).						
	• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on			32a						
	 Form 1040NR, line 13 (statutory employees, see page C-7). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited. 			32b Some investment is not at risk.						
	· · · · · ·			•	•					
⊢or	Paperwork Reduction Act Notic	ce, see page C-8	or the instructi	ons. Cat. No. 11334P	Sch	hedule C (Forr	m 1040) 2007		

Sche	dule C (Form 1040) 2007				Page 2
Ра	t III Cost of Goods Sold (see page C-7)				
33 34	Was there any change in determining quantities, costs, or valuations between opening and closing inv		?	ch explanati	,
	If "Yes," attach explanation	•••	🗆	Yes	∐ No
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 Pa	 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 Information on Your Vehicle. Complete this part only if you are claimi line 9 and are not required to file Form 4562 for this business. See the in C-4 to find out if you must file Form 4562. 				
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 2007, enter the number of miles you used y	our ve	hicle for:		
а	Business b Commuting (see instructions) c Oth	ner			
45	Do you (or your spouse) have another vehicle available for personal use?		🗆	Yes	🗌 No
46	Was your vehicle available for personal use during off-duty hours?		🗆	Yes	No
47a	Do you have evidence to support your deduction?			Yes	No
b Da	If "Yes," is the evidence written?	or lin	<u> L</u>	Yes	∐ No
Га		01 111			
48	Total other expenses. Enter here and on page 1, line 27	48			<u> </u>

