SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service (98) ▶ 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

1998
Attachment Sequence No. 09

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 I	D Emplo	oyer ID number (EIN)	, if any						
E	Business address (including sui City, town or post office, state,									
F	Accounting method: (1)	Cash (2) Accrual (3	3) ☐ Other (specify) ►						
G	Did you "materially participate"	in the operation	on of this business du	ring 1998? If "No," see page C-2 for	limit on I	losses . \square Yes				
H		usiness during	g 1998, check here .	<u> </u>		<u></u>	<u> </u>			
Pa	rt I Income									
1	Gross receipts or sales. Caution employee" box on that form wa			on Form W-2 and the "Statutory k here	1					
2	Returns and allowances				2					
3					3					
4	Cost of goods sold (from line 42	2 on page 2)			4					
5	Gross profit. Subtract line 4 fro	om line 3 .			5					
6				it or refund (see page C-3)	6					
7	Gross income. Add lines 5 and	6		<u> </u>	7					
Pai	rt II Expenses. Enter ex	penses for k	ousiness use of yo	our home only on line 30.						
8	Advertising	8		19 Pension and profit-sharing plans	19					
9	Bad debts from sales or			20 Rent or lease (see page C-5):						
	services (see page C-3)	9		\boldsymbol{a} Vehicles, machinery, and equipment .	20a					
10	Car and truck expenses			b Other business property	20b					
	(see page C-3)	10		21 Repairs and maintenance	21					
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 entertainment	1 1					
	expense deduction (not included			a Travel	24a					
	in Part III) (see page C-4)	13		b Meals and en-						
14	Employee benefit programs			tertainment .						
	(other than on line 19)	14		c Enter 50% of line 24b subject						
15	Insurance (other than health).	15		to limitations						
16	Interest:	1/-		(see page C-6) .	24.1					
a	Mortgage (paid to banks, etc.) .	16a		d Subtract line 24c from line 24b .	24d					
b	Other	16b		25 Utilities	25 26		+-			
17	Legal and professional	17		Wages (less employment credits) .Other expenses (from line 48 on	20					
18	services	18		page 2)	27					
			a use of home. Add li	1 0 7	28					
28	Total expenses before expense	20								
20	Tentative profit (loss). Subtract line 28 from line 7									
29	·				30					
30 31	Expenses for business use of your Net profit or (loss). Subtract lir									
31	 If a profit, enter on Form 1040 									
	see page C-6). Estates and trus	31								
	 If a loss, you MUST go on to 			-						
	If you have a loss, check the bo									
32	 If you checked 32a, enter the 	322	☐ All investment is	at rick						
	(statutory employees, see page		Some investment							
	 If you checked 32b, you MUS 	525 L	at risk.	15 1101						

Schedule C (Form 1040) 1998 Page 2

Pai	t III 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 (atta	ch expla	nation)								
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											
Pa	Information on Your Vehicle. Complete this part ONLY if you are claimi line 10 and are not required to file Form 4562 for this business. See the in: C-4 to find out if you must file.												
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 your vehicle for:												
а	Business b Commuting c Other												
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							
	If "Yes," is the evidence written?		🗆	Yes		No							
Pa	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											