

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (98)

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

1998

Attachment
Sequence No. **09**

Name of proprietor _____ Social security number (SSN) _____

A Principal business or profession, including product or service (see page C-1) _____ **B** Enter NEW code from pages C-8 & 9 _____

C Business name. If no separate business name, leave blank. _____ **D** Employer ID number (EIN), if any _____

E Business address (including suite or room no.) ▶ _____
City, town or post office, state, and ZIP code _____

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) ▶ _____

G Did you "materially participate" in the operation of this business during 1998? If "No," see page C-2 for limit on losses Yes No

H If you started or acquired this business during 1998, check here

Part I Income

1	Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/>	1		
2	Returns and allowances	2		
3	Subtract line 2 from line 1	3		
4	Cost of goods sold (from line 42 on page 2)	4		
5	Gross profit. Subtract line 4 from line 3	5		
6	Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3)	6		
7	Gross income. Add lines 5 and 6	7		

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8			19	Pension and profit-sharing plans	19		
9	Bad debts from sales or services (see page C-3)	9			20	Rent or lease (see page C-5):	20		
10	Car and truck expenses (see page C-3)	10			20a	a Vehicles, machinery, and equipment	20a		
11	Commissions and fees	11			20b	b Other business property	20b		
12	Depletion	12			21	21 Repairs and maintenance	21		
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)	13			22	22 Supplies (not included in Part III)	22		
14	Employee benefit programs (other than on line 19)	14			23	23 Taxes and licenses	23		
15	Insurance (other than health)	15			24	24 Travel, meals, and entertainment:	24		
16	Interest:				24a	a Travel	24a		
16a	a Mortgage (paid to banks, etc.)	16a				b Meals and entertainment			
16b	b Other	16b				c Enter 50% of line 24b subject to limitations (see page C-6)			
17	Legal and professional services	17			24d	d Subtract line 24c from line 24b	24d		
18	Office expense	18			25	25 Utilities	25		
28	Total expenses before expenses for business use of home. Add lines 8 through 27 in columns	28			26	26 Wages (less employment credits)	26		
29	Tentative profit (loss). Subtract line 28 from line 7	29			27	27 Other expenses (from line 48 on page 2)	27		
30	Expenses for business use of your home. Attach Form 8829	30			31		31		
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12 , and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If a loss, you MUST go on to line 32.								
32	If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on Form 1040, line 12 , and ALSO on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you MUST attach Form 6198 .				32a	<input type="checkbox"/> All investment is at risk.	32a	<input type="checkbox"/> All investment is at risk.	
					32b	<input type="checkbox"/> Some investment is not at risk.	32b	<input type="checkbox"/> Some investment is not at risk.	

