## **SCHEDULE C** (Form 1040)

## **Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

▶ Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B. ► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

Attachment Sequence No. **09** 

Name of proprietor					Social security number (SSN)								
A	Principal business or profession, including product or service (see page C-3 of the instructions)				ВЕ	Inter o	code fro	m pag	es C-9,	10, & 11			
С	Business name. If no separate I	ousiness	name, leave blank.			DE	mple	yer ID	numb	er (EII	N), if any		
							-						
E	Business address (including sui City, town or post office, state,		•										
F G H Pai	Did you "materially participate" If you started or acquired this b			ss during	Other (specify)  g 2008? If "No," see page C-4 fo	r limit	t on	losses		Yes	s 🗌 No		
1	Gross receipts or sales. Caution	<b>n.</b> See p	age C-4 and check the	e box if:			$\Box$						
	This income was reported to on that form was checked, or		•										
	You are a member of a quaincome not subject to self-emple					┛├	1						
2						. —	2				_		
3						. –	4		—		_		
4			• '			. –	5				+		
5 6					refund (see page C-4).	. –	6				+		
7	Gross income. Add lines 5 and		· ·			. —	7				_		
			for business use c	of your	home <b>only</b> on line 30.								
8	Advertising	8			Office expense	1	18						
9	Car and truck expenses (see				Pension and profit-sharing plans		19						
9	page C-5)	9			Rent or lease (see page C-6):				-				
10	Commissions and fees	10			a Vehicles, machinery, and equipment	2	0a						
11	Contract labor (see page C-5)	11			<b>b</b> Other business property		0b						
12	Depletion	12			Repairs and maintenance	۔ ا	21						
13	Depreciation and section 179				Supplies (not included in Part III)	۔ ا	22						
13	expense deduction (not				Taxes and licenses	۔ ا	23						
	included in Part III) (see page			24	Travel, meals, and entertainment								
	C-5)	13			<b>a</b> Travel	. 2	4a						
14	Employee benefit programs				<b>b</b> Deductible meals and								
	(other than on line 19) .	14			entertainment (see page C-7)	2	4b						
15	Insurance (other than health)	15		25	Utilities	. 2	25						
16	Interest:			26	Wages (less employment credits)	. 2	26						
а	Mortgage (paid to banks, etc.) .	16a		27	Other expenses (from line 48 or	n							
b	Other	16b		_	page 2)	. 2	27						
17	Legal and professional												
	services						-						
28	Total expenses before expense						28						
29	Tentative profit or (loss). Subtra					. —	29				+		
30	Expenses for business use of y					· 📑	30						
31	Net profit or (loss). Subtract lir				1								
	If a profit, enter on both Form line 13 (if you checked the box of the b		•		, (	3	31						
	enter on Form 1041, line 3.												
00	If a loss, you <b>must</b> go to line				in anticity (according 2.2)								
32	If you have a loss, check the box that describes your investment in this activity (see page C-8).							٦ ,	m		الماد الماما		
	• If you checked 32a, enter the loss on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (if you checked the box on line 1 as a statutory employee, see the line 31 instructions on page C-7). Estates and trusts, enter on Form 1041, line 3.							<ul><li>32a  All investment is at risk.</li><li>32b  Some investment is not at risk.</li></ul>					
	If you checked 32h, you must attach Form 6198. Your loss may be limited.							at II	JIV.				

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Total other expenses. Enter here and on page 1, line 27

Pa	rt III Cost of Goods Sold (see page C-8)				
33	Method(s) used to value closing inventory: a   Cost   b   Lower of cost	or market	<b>c</b> 🗆 0	ther (attach expl	anation)
34	Was there any change in determining quantities, costs, or valuations between If "Yes," attach explanation			? <b>\( Yes</b>	□ No
35	Inventory at beginning of year. If different from last year's closing inventory, a	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		
Ра	Information on Your Vehicle. Complete this part on line 9 and are not required to file Form 4562 for this k C-5 to find out if you must file Form 4562.				
43	When did you place your vehicle in service for business purposes? (month, d	ay, year) ▶/	<u></u>		
44	Of the total number of miles you drove your vehicle during 2008, enter the nu	mber of miles you use	ed your ve	hicle for:	
а	Business	c	Other		
45	Was your vehicle available for personal use during off-duty hours?			🗌 Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?			🗆 Yes	☐ No
47a	Do you have evidence to support your deduction?			🗌 Yes	☐ No
b	If "Yes," is the evidence written?			🗆 Yes	□ No
Pa	If "Yes," is the evidence written?	luded on lines 8-	-26 or lir	ne 30.	