SCHEI	DULE	С
(Form	1040)	

Profit or Loss From Business (Sole Proprietorship)

	tment of the Treasury al Revenue Service (99)		nerships, joint ventures, o orm 1040 or Form 1041.			065 or Form 106 for Schedule C (40).	Attac Sequ	hment ence l	No. 09
	e of proprietor					Social security r						
A	Principal business or professi	on, incluc	ding product or service (se	e page	e C-1)		В	Enter	: code fr	rom paç	jes C-	8 & 9
с	Business name. If no separat	husings	s name leave blank				D	Emplo		number	(EINI)	if any
0	Business name. If no separat	busines					01					, ii airy
 E	Business address (including s	uite or ro										
L	City, town or post office, stat											
F	Accounting method: (1)	Cash	(2) 🗌 Accrual	(3)	Other (specify)	▶						
G	Did you "materially participate											
H	If you started or acquired this	business	s during 1999, check here				•		<u> </u>		. 🕨	
Pa	rt I Income											
1	Gross receipts or sales. Cauti		1 5									
_	employee" box on that form	vas checi	ked, see page C-2 and che	eck hei	re	🕨 🗀	-	1				+
2	Returns and allowances .						-	23				
3								4				
4	Cost of goods sold (from line	42 on pa	ige 2)	• •								<u> </u>
5	Gross profit. Subtract line 4	from line	2					5				
6	Other income, including Fede					e C-3)		6				
			g			,						
7	Gross income. Add lines 5 a							7				
Pa	rt II Expenses. Enter e	expense	s for business use of	your h	nome only on	line 30.						
8	Advertising	8		19	Pension and pro	fit-sharing plans		19				_
9	Bad debts from sales o	-		20	Rent or lease (s	ee page C-4):						
	services (see page C-3) .	. 9		a	Vehicles, machinery	, and equipment .		20a				
10	Car and truck expenses			b	Other business	property		20b				
	(see page C-3)				Repairs and ma			21				
11	Commissions and fees	. <u>11</u> 12			Supplies (not inclu			22				<u> </u>
12	Depletion	•			Taxes and licen			23				
13	Depreciation and section 17					nd entertainment		24a				
	expense deduction (not included in Part III) (see page C-3)						1	-40				
14	Employee benefit programs				Meals and en- tertainment							
14	(other than on line 19)			c	Enter nondeduct-							
15	Insurance (other than health)				ible amount in- cluded on line 24b							
16	Interest:				(see page C-5)							
а	Mortgage (paid to banks, etc.)	16a		d	Subtract line 24c	from line 24b	2	24d				_
b	Other	. 16b						25				
17	Legal and professional				Wages (less empl			26				
10	services			- 21	Other expenses page 2)			~				
<u>18</u>	Office expense	- I I						27				
28	Total expenses before exper	ises for b	ousiness use of home. Add	lines	8 through 27 in c	columns . 🕨	H	28				+
29	Tentative profit (loss). Subtrac	t lino 20	from line 7					29				
29 30	Expenses for business use of							30				
31	Net profit or (loss). Subtract	-		• •								
2.	 If a profit, enter on Form 10 			e SE, I	ine 2 (statutorv e	mployees,						
	see page C-6). Estates and tr				(in the second sec	}		31				
	• If a loss, you MUST go on					J						
32	If you have a loss, check the			t in this	s activity (see pa	ge C-6). լ						
· · · · · · · · · · · · · · · · · · ·						at risk.						
 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you MUST attach Form 6198. 				stmer	it is not							
	 II you checked 32b, you M 	USI attac	on Form 6198.			,			at ri	sk.		

For Paperwork Reduction Act Notice, see Form 1040 instructions.

Schedule C (Form 1040) 1999

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_	dule C (Form 1040) 1999	Page 2
Pa	rt III Cost of Goods Sold (see page C-6)	
33 34	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Was there any change in determining guantities, costs, or valuations between opening and closing in	Other (attach explanation) ventory? 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	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42
Pa	rt IV Information on Your Vehicle. Complete this part ONLY if you are claimin line 10 and are not required to file Form 4562 for this business. See the ins C-3 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 1999, enter the number of miles you used yo	our 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
b	If "Yes," is the evidence written?	🗌 Yes 🗌 No
Pa	rt 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