SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065.

OMB No. 1545-0074

Department of the Treasury Attachment Sequence No. **09** ▶ Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040). Internal Revenue Service Name of proprietor Social security number (SSN) Α Principal business or profession, including product or service (see page C-1) B Enter principal business code (see page C-6) ▶ | С Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any Ε Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code (3) ☐ Other (specify) ► (1) Cash (2) Accrual F Accounting method: Did you "materially participate" in the operation of this business during 1996? If "No," see page C-2 for limit on losses. . \square Yes G н Part I Income Gross receipts or sales. Caution: If this income was reported to you on Form W-2 and the "Statutory 1 employee" box on that form was checked, see page C-2 and check here 2 2 3 3 4 Cost of goods sold (from line 42 on page 2) 5 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-2) . . . 6 **Gross income**. Add lines 5 and 6 **Expenses.** Enter expenses for business use of your home **only** on line 30. Advertising **19** Pension and profit-sharing plans Bad debts from sales or 20 Rent or lease (see page C-4): 9 20a a Vehicles, machinery, and equipment. services (see page C-3) . . 20b **b** Other business property . . Car and truck expenses 10 10 21 (see page C-3) 21 Repairs and maintenance . . . 11 22 Commissions and fees . . 11 22 Supplies (not included in Part III) . 12 23 12 Depletion 23 Taxes and licenses 24 Travel, meals, and entertainment: 13 Depreciation and section 179 24a **a** Travel expense deduction (not included 13 in Part III) (see page C-3) . . **b** Meals and entertainment . Employee benefit programs 14 14 c Enter 50% of (other than on line 19). . . line 24b subject 15 15 Insurance (other than health). limitations Interest: (see page C-4). 24d 16a Mortgage (paid to banks, etc.) . d Subtract line 24c from line 24b 16b 25 **25** Utilities **b** Other

17	Legal and professional			26	Wages (less employment credit	s) .	26		
	services	17		27	Other expenses (from line 48	3 on			
18	Office expense	18			page 2)		27		
28	Total expenses before expense	s for	business use of home. Add	lines	8 through 27 in columns		28		
	•				<u> </u>				
29							29		
30	Expenses for business use of your home. Attach Form 8829						30		
31	Net profit or (loss). Subtract lin								
	 If a profit, enter on Form 1040 	, line	12, and ALSO on Schedu	e SE,	line 2 (statutory employees,)			
	see page C-5). Estates and trusts, enter on Form 1041, line 3.						31		
	• If a loss, you MUST go on to	line 3	2.			J			
32	If you have a loss, check the bo	1							
	• If you checked 32a, enter the loss on Form 1040, line 12, and ALSO on Schedule SE, line 2						32a All investment is at risk.		
	(statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3.						32b 🗌	Some investment	is not
	 If you checked 32b, you MUS 		at risk.						

Schedule C (Form 1040) 1996 Page 2

Pa	t III Cost of Goods Sold (see page C-5)													
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c	□ c	other (atta	ach expla	nation)									
34														
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 salary 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												
_	Information on Your Vehicle. Complete this part ONLY if you are claiming line 10 and are not required to file Form 4562 for this business. See the instance of the C-3 to find out if you must file.	ng c												
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 1996, enter the number of miles you used you	ur ve	hicle for:											
а	Business													
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?		Г	Yes		No								
	Other Expenses. List below business expenses not included on lines 8–26	or lir												
48	Total other expenses. Enter here and on page 1, line 27	48												