

Name \_\_\_\_\_

SSN XXX-XX-XXXX

**Self-Employed Business Income and Expenses (Schedule C)**

Enter "X" in one box:  Filer  Spouse  Joint

**General Information**

- 1 Employer Identification Number \_\_\_\_\_ (do not enter Social Security Number)
- 2 Principal business or profession \_\_\_\_\_
- 3 Business name . . . . . \_\_\_\_\_
- 4 Business address . . . . . \_\_\_\_\_
- 5 City . . . . . \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**General Check Boxes** (Enter "X" where applicable)

- 6 Accounting Method . . . . .  Cash  Accrual  Other - (Specify) \_\_\_\_\_
- 7 Did you "materially participate" in this business?  Yes  No
- 8 Check ('X') if you started or acquired this business in 2008.

**Business Income**

\* Report statutory income as W-2 income.

		Current Year Amount	Prior Year Amount
9	Income reported on 1099 MISC . . . . .		
	Gross receipts or sales not reported on Form 1099 or Form W-2		
10	_____		
11	_____		
12	_____		
13	_____		
14	Returns and allowances . . . . .		
15	Other income . . . . .		

**Inventory** (Enter "X" where applicable)

- 16 Method(s) used to value closing inventory . . .  Cost  Lower of cost or market  Other
- 17 Any change in determining quantities, costs, or valuations between opening and closing inventory?  Yes  No

		Current Year Amount	Prior Year Amount
18	Inventory at the beginning of year . . . . .		
19	Purchases less cost of items withdrawn for personal use . . . . .		
20	Cost of labor . . . . .		
21	Materials and supplies . . . . .		
22	Other Costs . . . . .		
23	Inventory at end of year . . . . .		

**Assets Placed in Service This Year**

Description:

		Date Placed In Service	Purchase Amount
A	_____		
B	_____		
C	_____		
D	_____		
E	_____		
F	_____		
G	_____		