SCHEDULE C (Form 1040 or 1040-SR)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury

► Go to www.irs.gov/ScheduleC for instructions and the latest information. Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065. Sequence No. 09

| Name of proprietor | | | | | Social s | Social security number (SSN) | | | | |
|--------------------|---|----------------------------------|----------------|---------------------------------------|----------|-----------------------------------|--|--|--|--|
| A | Principal business or profession | on, including product or service | ce (see instru | uctions) | B Ente | B Enter code from instructions ▶ | | | | |
| С | Business name. If no separate | e business name, leave blank. | | | D Empl | oyer ID number (EIN) (see instr.) | | | | |
| E | Business address (including s | | | | | | | | | |
| | City, town or post office, state | e, and ZIP code | | | | | | | | |
| F | Accounting method: (1) | Cash (2) Accrual | (3) | Other (specify) ► | | | | | | |
| G | | | _ | 2019? If "No," see instructions for I | | | | | | |
| H I | If you started or acquired this business during 2019, check here | | | | | | | | | |
| J | | e required Forms 1099? . | | <u> </u> | | Tyes No | | | | |
| Part | Income | | | | _ | | | | | |
| 1 | Form W-2 and the "Statutory | employee" box on that form w | | this income was reported to you or | 1 2 | | | | | |
| 2 3 | Returns and allowances Subtract line 2 from line 1 . | | | | 3 | | | | | |
| 4 | | | | | 4 | | | | | |
| 5 | • | , | | | | | | | | |
| 6 | • | | | refund (see instructions) | | | | | | |
| 7 | | | | | 7 | | | | | |
| Part | Expenses. Enter expe | enses for business use of | f your hom | ne only on line 30. | | <u> </u> | | | | |
| 8 | Advertising | 8 | 18 | Office expense (see instructions) | 18 | | | | | |
| 9 | Car and truck expenses (see | | 19 | Pension and profit-sharing plans | . 19 | | | | | |
| | instructions) | 9 | 20 | Rent or lease (see instructions): | | | | | | |
| 10 | Commissions and fees . | 10 | а | Vehicles, machinery, and equipment | 20a | | | | | |
| 11 | Contract labor (see instructions) | 11 | b | Other business property | 20b | | | | | |
| 12 | Depletion | 12 | 21 | Repairs and maintenance | | | | | | |
| 13 | Depreciation and section 179 expense deduction (not | | 22 | Supplies (not included in Part III) | | | | | | |
| | included in Part III) (see | | 23 | Taxes and licenses | 23 | | | | | |
| | instructions) | 13 | 24 | Travel and meals: | 04- | | | | | |
| 14 | Employee benefit programs | 44 | a | Travel | . 24a | | | | | |
| 15 | (other than on line 19) Insurance (other than health) | 14 | b | Deductible meals (see instructions) | 24b | | | | | |
| 16 | Interest (see instructions): | 10 | 25 | Utilities | 25 | | | | | |
| а | Mortgage (paid to banks, etc.) | 16a | 26 | Wages (less employment credits) | | | | | | |
| b | Other | 16b | 27a | Other expenses (from line 48) . | 27a | | | | | |
| 17 | Legal and professional services | 17 | b | Reserved for future use | . 27b | | | | | |
| 28 | Total expenses before expen | ses for business use of home | . Add lines 8 | 3 through 27a ▶ | 28 | | | | | |
| 29 | Tentative profit or (loss). Subti | ract line 28 from line 7 | | | . 29 | | | | | |
| 30 | Expenses for business use of | of your home. Do not report | these expe | nses elsewhere. Attach Form 8829 |) | | | | | |
| | unless using the simplified me | ` , | | | | | | | | |
| | Simplified method filers only | · · | ge of: (a) you | | - | | | | | |
| | and (b) the part of your home | | | . Use the Simplified | | | | | | |
| 24 | Method Worksheet in the instruction | • | to enter on I | ine 30 | . 30 | | | | | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. | | | | | | | | | |
| | • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line | | | | | | | | | |
| | 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. | | | | | | | | | |
| | • If a loss, you must go to lir | | | | | | | | | |
| 32 | If you have a loss, check the b | | ment in this | activity (see instructions). | | | | | | |
| | If you checked 32a, enter | • | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 32a All investment is at r | | | | | | | | | |
| | 31 instructions). Estates and tr | | | | 32b | | | | | |
| | • If you checked 32b, you mu | ust attach Form 6198. Your lo | ss may be l | imited. | | at risk. | | | | |

| Part | Cost of Goods Sold (see instructions) | | | |
|------|--|---------|------------|------|
| 33 | Method(s) used to | | | |
| | value closing inventory: a Cost b Lower of cost or market c Other (atta | ach ex | planation) | |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing invento 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 line 4 | 42 | | |
| Part | Information on Your Vehicle. Complete this part only if you are claiming car or and are not required to file Form 4562 for this business. See the instructions for lile Form 4562. | | | |
| 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 2019, enter the number of miles you used your vehicle during 2019. | ehicle/ | for: | |
| а | Business b Commuting (see instructions) c C | ther | | |
| 45 | Was your vehicle available for personal use during off-duty hours? | | Tyes | ☐ No |
| 46 | Do you (or your spouse) have another vehicle available for personal use? | | Tyes | ☐ No |
| 47a | Do you have evidence to support your deduction? | | Tes | ☐ No |
| b | If "Yes," is the evidence written? | | Yes | ☐ No |
| Part | Other Expenses. List below business expenses not included on lines 8–26 or lines | ne 30 | - | |
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| 48 | Total other expenses. Enter here and on line 27a | 48 | | |