## Business Income and Expenses

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

Department of the Treasury

Name of proprietor

Internal Revenue Service (99)

## **Profit or Loss From Business**

(Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information. ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

Attachment Sequence No.

Name	Name of proprietor						Social security number (SSN)		
TEST	EST AATEST						111-11-1111		
Α							B Enter	B Enter code from instructions	
								<b>-</b>	
С	Business name. If no separate business name, leave blank.						D Employ	yer ID number (EIN) (see instr.)	
E	Business address (including suite or room no.) ► 123 ANYWHERE								
_	City, town or post office, state, and ZIP code  CLEVELAND, PA 44144								
F									
G	· · · · · · · · · · · · · · · · · · ·							I-IV- III	
Н	Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses x Yes No If you started or acquired this business during 2021, check here								
ï									
i.									
Part I Income									
71	Gross receipts or sales. See inst	nuction	s for line 1 and shook the hou	if thi	income was remarked to you are		Т		
	Form W-2 and the "Statutory em					ъΠ		14	
2						_	1	0	
3	Subtract line 2 from line 1							0	
4	Cost of goods sold (from line 42)							0	
5	Gross profit. Subtract line 4 from								
_								0	
6	Other income, including federal a				2 332				
7 Part	Gross income. Add lines 5 and 6		s for business use of y	0115	homo anly on line 20		7	0	
>8			s ioi busilless use of y				1		
	Advertising	8		_	Office expense (see instruction				
9	Car and truck expenses (see	_		19	Pension and profit-sharing pla		19		
40	instructions)	9		20	Rent or lease (see instruction				
<del>)</del> 10	Commissions and fees	10		a					
> 11	Contract labor (see instructions)	11		_t	James anomices highers				
12	Depletion	12		21	Repairs and maintenance .				
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part				
	included in Part III) (see			23	Taxes and licenses		23		
44	instructions) · · · · · · ·	13		24	Travel and meals:				
14	Employee benefit programs			_a			24a		
	(other than on line 19)	14		b					
15	Insurance (other than health)	15			instructions)				
16	Interest (see instructions):			25	Utilities		(4.50%)		
	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment cre		26		
	Other	16b		27a					
17	Legal and professional services	17		b			27b		
28	Total expenses before expenses for business use of home. Add lines 8 through 27a ▶							0	
29	Tentative profit or (loss). Subtract						29	0	
30	Expenses for business use of you			ses e	sewhere. Attach Form 8829				
	unless using the simplified metho								
	Simplified method filers only: E			ur ho					
	Of the Control of the	rt of your home used for business:							
6	Method Worksheet in the instructions to figure the amount to enter on line 30						30		
31	Net profit or (loss). Subtract line 30 from line 29.								
	<ul> <li>If a profit, enter on both Schede</li> </ul>	ule 1 (l	Form 1040), line 3, and on Sc	hedu	le SE, line 2. (If you	7			
	checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.						31	0	
	If a loss, you must go to line 32.								
32	If you have a loss, check the box					7			
	• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.						20- [-	7	
							32a X		
							32b _	Some investment is not at risk.	
	• If you checked 32b, you must a	attach F	orm 6198. Your loss may be	limite	d.	J		al IISN.	