

# PROFIT OR LOSS FROM BUSINESS

## Schedule C General Information

**Name:**

**SSN:**

Principal business or profession	
Business code	
Business name	
Business address	
Employer I.D. number	

Accounting method	Cash - <input type="checkbox"/>	Accrual - <input type="checkbox"/>	Other - <input type="checkbox"/>
Inventory method	Cost - <input type="checkbox"/>	Lower of Cost or Market - <input type="checkbox"/>	Other - <input type="checkbox"/>
Change of inventory method	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Did you "materially participate" in the operation of this business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
You started or acquired this business during 2006	<input type="checkbox"/>		
Statutory employee wages	<input type="checkbox"/>		

Income	2006	2005
Gross receipts or sales		
Returns and allowances		
Other income		

Cost of Goods Sold	2006	2005
Inventory at beginning of the year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Information on your vehicle	2006	2005
Date placed in service		
Business miles		
Commuting miles		
Other miles		
Self employed health insurance		