

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19	Purchases less cost of items withdrawn for personal use		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	_____		