

Profit or Loss From Business

Schedule C General Information

Name: _____ **SSN:** _____

TS		Principal business or profession	Business code
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Employer I.D. number _____

Business name _____

Business address _____

City _____

U.S. Only State, ZIP _____

Foreign Only Province/State, Country, Postal Code _____

Accounting method, if not cash Accrual Other

Inventory method, if not cost Lower of Cost or Market Other Change of inventory method Yes No

Activity type _____ Some investment is NOT at risk

You started or acquired this business during 2014 You disposed of this property during 2014

Did you make any payments in 2014 that would require you to file Form(s) 1099? Yes No

If "Yes," did you or will you file all required Forms 1099? Yes No

Other Information	2014	2013
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Family Health Coverage		
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Income	2014	2013
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Gross receipts or sales		
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Returns and allowances		
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Other income		
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Cost of Goods Sold	2014	2013
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Inventory at beginning of the year		
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Purchases (less cost of items withdrawn for personal use)		
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Cost of labor		
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Materials and supplies		
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Other costs (list on detail worksheet)		
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Inventory at end of year		
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