

**SCHEDULE C  
(Form 1040)**

Department of the Treasury  
Internal Revenue Service (99)

**Profit or Loss From Business**

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

► Attach to Form 1040, 1040NR, or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074

**2006**

Attachment  
Sequence No. **09**

|                    |                                                                                                                                                                                    |                              |                                                                                                                                 |
|--------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Name of proprietor |                                                                                                                                                                                    | Social security number (SSN) |                                                                                                                                 |
| <b>A</b>           | Principal business or profession, including product or service (see page C-2 of the instructions)                                                                                  | <b>B</b>                     | Enter code from pages C-8, 9, & 10<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div> |
| <b>C</b>           | Business name. If no separate business name, leave blank.                                                                                                                          | <b>D</b>                     | Employer ID number (EIN), if any<br><div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>   |
| <b>E</b>           | Business address (including suite or room no.) ►<br>City, town or post office, state, and ZIP code                                                                                 |                              |                                                                                                                                 |
| <b>F</b>           | Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►                                           |                              |                                                                                                                                 |
| <b>G</b>           | Did you "materially participate" in the operation of this business during 2006? If "No," see page C-3 for limit on losses <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |                                                                                                                                 |
| <b>H</b>           | If you started or acquired this business during 2006, check here <input type="checkbox"/>                                                                                          |                              |                                                                                                                                 |

**Part I Income**

|                                                                                                                                                                                                                  |          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Gross receipts or sales. <b>Caution.</b> If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see page C-3 and check here <input type="checkbox"/> | <b>1</b> |  |
| <b>2</b> Returns and allowances                                                                                                                                                                                  | <b>2</b> |  |
| <b>3</b> Subtract line 2 from line 1                                                                                                                                                                             | <b>3</b> |  |
| <b>4</b> Cost of goods sold (from line 42 on page 2)                                                                                                                                                             | <b>4</b> |  |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3.                                                                                                                                                       | <b>5</b> |  |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see page C-3).                                                                                                         | <b>6</b> |  |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6                                                                                                                                                                  | <b>7</b> |  |

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

|                                                                                                                                                                                                                                                                                                                                                                                    |            |  |                                                                     |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|---------------------------------------------------------------------|------------|--|
| <b>8</b> Advertising                                                                                                                                                                                                                                                                                                                                                               | <b>8</b>   |  | <b>18</b> Office expense                                            | <b>18</b>  |  |
| <b>9</b> Car and truck expenses (see page C-4)                                                                                                                                                                                                                                                                                                                                     | <b>9</b>   |  | <b>19</b> Pension and profit-sharing plans                          | <b>19</b>  |  |
| <b>10</b> Commissions and fees                                                                                                                                                                                                                                                                                                                                                     | <b>10</b>  |  | <b>20</b> Rent or lease (see page C-5):                             | <b>20a</b> |  |
| <b>11</b> Contract labor (see page C-4)                                                                                                                                                                                                                                                                                                                                            | <b>11</b>  |  | <b>a</b> Vehicles, machinery, and equipment                         | <b>20b</b> |  |
| <b>12</b> Depletion                                                                                                                                                                                                                                                                                                                                                                | <b>12</b>  |  | <b>b</b> Other business property                                    | <b>21</b>  |  |
| <b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see page C-4)                                                                                                                                                                                                                                                                                 | <b>13</b>  |  | <b>21</b> Repairs and maintenance                                   | <b>22</b>  |  |
| <b>14</b> Employee benefit programs (other than on line 19)                                                                                                                                                                                                                                                                                                                        | <b>14</b>  |  | <b>22</b> Supplies (not included in Part III)                       | <b>23</b>  |  |
| <b>15</b> Insurance (other than health)                                                                                                                                                                                                                                                                                                                                            | <b>15</b>  |  | <b>23</b> Taxes and licenses                                        | <b>24</b>  |  |
| <b>16</b> Interest:                                                                                                                                                                                                                                                                                                                                                                | <b>16a</b> |  | <b>24</b> Travel, meals, and entertainment:                         | <b>24a</b> |  |
| <b>a</b> Mortgage (paid to banks, etc.)                                                                                                                                                                                                                                                                                                                                            | <b>16b</b> |  | <b>a</b> Travel                                                     | <b>24b</b> |  |
| <b>b</b> Other                                                                                                                                                                                                                                                                                                                                                                     | <b>17</b>  |  | <b>b</b> Deductible meals and entertainment (see page C-6)          | <b>25</b>  |  |
| <b>17</b> Legal and professional services                                                                                                                                                                                                                                                                                                                                          | <b>17</b>  |  | <b>25</b> Utilities                                                 | <b>26</b>  |  |
|                                                                                                                                                                                                                                                                                                                                                                                    |            |  | <b>26</b> Wages (less employment credits)                           | <b>27</b>  |  |
|                                                                                                                                                                                                                                                                                                                                                                                    |            |  | <b>27</b> Other expenses (from line 48 on page 2)                   |            |  |
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27 in columns                                                                                                                                                                                                                                                                        |            |  |                                                                     | <b>28</b>  |  |
| <b>29</b> Tentative profit (loss). Subtract line 28 from line 7                                                                                                                                                                                                                                                                                                                    |            |  |                                                                     | <b>29</b>  |  |
| <b>30</b> Expenses for business use of your home. Attach <b>Form 8829</b>                                                                                                                                                                                                                                                                                                          |            |  |                                                                     | <b>30</b>  |  |
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.                                                                                                                                                                                                                                                                                                              |            |  |                                                                     | <b>31</b>  |  |
| <ul style="list-style-type: none"> <li>• If a profit, enter on both <b>Form 1040, line 12</b>, and <b>Schedule SE, line 2</b>, or on <b>Form 1040NR, line 13</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If a loss, you <b>must</b> go to line 32.</li> </ul>                                                              |            |  |                                                                     |            |  |
| <b>32</b> If you have a loss, check the box that describes your investment in this activity (see page C-6).                                                                                                                                                                                                                                                                        |            |  |                                                                     |            |  |
| <ul style="list-style-type: none"> <li>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b>, and <b>Schedule SE, line 2</b>, or on <b>Form 1040NR, line 13</b> (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3.</li> <li>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b>. Your loss may be limited.</li> </ul> |            |  |                                                                     |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                    |            |  | <b>32a</b> <input type="checkbox"/> All investment is at risk.      |            |  |
|                                                                                                                                                                                                                                                                                                                                                                                    |            |  | <b>32b</b> <input type="checkbox"/> Some investment is not at risk. |            |  |

**Part III Cost of Goods Sold** (see page C-7)

|           |                                                                                                                                                                                                                           |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>33</b> | Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)                  |
| <b>34</b> | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>35</b> | Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . . . <b>35</b>                                                                                                   |
| <b>36</b> | Purchases less cost of items withdrawn for personal use . . . . . <b>36</b>                                                                                                                                               |
| <b>37</b> | Cost of labor. Do not include any amounts paid to yourself . . . . . <b>37</b>                                                                                                                                            |
| <b>38</b> | Materials and supplies . . . . . <b>38</b>                                                                                                                                                                                |
| <b>39</b> | Other costs . . . . . <b>39</b>                                                                                                                                                                                           |
| <b>40</b> | Add lines 35 through 39 . . . . . <b>40</b>                                                                                                                                                                               |
| <b>41</b> | Inventory at end of year . . . . . <b>41</b>                                                                                                                                                                              |
| <b>42</b> | <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on page 1, line 4 . . . . . <b>42</b>                                                                                                 |

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on page C-4 to find out if you must file Form 4562.

|            |                                                                                                                                                           |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>43</b>  | When did you place your vehicle in service for business purposes? (month, day, year) ► . . . . . / . . . . . / . . . . .                                  |
| <b>44</b>  | Of the total number of miles you drove your vehicle during 2006, enter the number of miles you used your vehicle for:                                     |
|            | <b>a</b> Business . . . . . <b>b</b> Commuting (see instructions) . . . . . <b>c</b> Other . . . . .                                                      |
| <b>45</b>  | Do you (or your spouse) have another vehicle available for personal use? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>46</b>  | Was your vehicle available for personal use during off-duty hours? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>       |
| <b>47a</b> | Do you have evidence to support your deduction? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                          |
|            | <b>b</b> If "Yes," is the evidence written? . . . . . <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                              |

**Part V Other Expenses.** List below business expenses not included on lines 8–26 or line 30.

|           |                                                                          |           |
|-----------|--------------------------------------------------------------------------|-----------|
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|           |                                                                          |           |
| <b>48</b> | <b>Total other expenses.</b> Enter here and on page 1, line 27 . . . . . | <b>48</b> |