## SCHEDULE C (Form 1040)

## **Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

▶ 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).

Attachment Sequence No. **09** 

name of proprietor					Social security number (SSN)				
A	Principal business or profession, including product or service (see page C-2 of the instructions)				e from pages C-8, 9, & 1	10			
С	Business name. If no separate b	D Employer	ID number (EIN), if any	<b></b> , 					
E	Business address (including sui City, town or post office, state,					 			
F			Accrual (3) ☐ Other (specify) ▶			_			
G			this business during 2007? If "No," see page C-3 for						
Н			7, check here						
Pa									
1			reported to you on Form W-2 and the "Statutory ge C-3 and check here	] 1					
2				2					
3	Subtract line 2 from line 1 .			. 3					
4	Cost of goods sold (from line 42	2 on page 2)		. 4					
5	Gross profit. Subtract line 4 fro	om line 3		. 5					
6	Other income, including federal	and state gasoline	or fuel tax credit or refund (see page C-3)	. 6					
7	Gross income. Add lines 5 and		<u> </u>	7		_			
Pa	rt II Expenses. Enter ex	<u> </u>	less use of your home <b>only</b> on line 30.						
8	Advertising	8	18 Office expense	18		_			
9	Car and truck expenses (see		19 Pension and profit-sharing plans	19		_			
	page C-4)	9	<b>20</b> Rent or lease (see page C-5):						
10	Commissions and fees	10	a Vehicles, machinery, and equipment			—			
11	Contract labor (see page C-4)	11	<b>b</b> Other business property			—			
12	Depletion	12	21 Repairs and maintenance .			—			
13	Depreciation and section 179		22 Supplies (not included in Part III)			—			
	expense deduction (not		23 Taxes and licenses			—			
	included in Part III) (see	13	24 Travel, meals, and entertainment:						
	page C-4)	13	<b>a</b> Travel	. 24a		_			
14	Employee benefit programs	14	<b>b</b> Deductible meals and	24b					
45	(other than on line 19) Insurance (other than health) .	15	entertainment (see page C-6)	05		_			
15 16	Interest:		25 Utilities			—			
	Mortgage (paid to banks, etc.)	16a	27 Other expenses (from line 48 or			_			
	Other	16b	page 2)	0-					
17			pago 2)						
	services	17							
28	Total expenses before expense	es for business use	of home. Add lines 8 through 27 in columns .	28					
29	Tentative profit (loss). Subtract I	line 28 from line 7		. 29		_			
30	Expenses for business use of you	our home. Attach Fo	orm 8829	. 30		_			
31	Net profit or (loss). Subtract lin	ne 30 from line 29.	,						
	• If a profit, enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13 (statutory employees, see page C-7). Estates and trusts, enter on Form 1041, line 3.								
	• If a loss, you <b>must</b> go to line	32.	J						
32	If you have a loss, check the bo	ox that describes yo	our investment in this activity (see page C-7).	_					
	•		ge C-7). Estates and trusts, enter on Form 1041,	<b>32b</b> □ S	all investment is at rist Some investment is no t risk.				
	If you checked 32h, you must	t attach Form 6109	Your loss may be limited						

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Pa	t III Cost of Goods Sold (see page C-7)									
33	Method(s) used to value closing inventory: <b>a</b> $\square$ Cost <b>b</b> $\square$ Lower of cost or market <b>c</b>	☐ Ot	her (atta	ach expla	anation)					
34	Was there any change in determining quantities, costs, or valuations between opening and closing investigation of the cost of	entory?		Yes		No				
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35								
36	Purchases less cost of items withdrawn for personal use	36								
37	Cost of labor. Do not include any amounts paid to yourself	37								
38	Materials and supplies	38								
39	Other costs	39								
40	Add lines 35 through 39	40								
41	Inventory at end of year	41								
Pa	cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4  Information on Your Vehicle. Complete this part only if you are claiming line 9 and are not required to file Form 4562 for this business. See the ins C-4 to find out if you must file Form 4562.									
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/									
44	Of the total number of miles you drove your vehicle during 2007, enter the number of miles you used your vehicle for:									
а	Business b Commuting (see instructions) c Oth	er								
45	Do you (or your spouse) have another vehicle available for personal use?		🗆	Yes		No				
46	Was your vehicle available for personal use during off-duty hours?		🗆	Yes		No				
47a	Do you have evidence to support your deduction?		🗆	Yes		No				
	If "Yes," is the evidence written?	or lin	<u>[</u> e 30.	Yes		No				
		1								
48	Total other expenses. Enter here and on page 1, line 27	48								