SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065.

OMB No. 1545-0074

Department of the Treasury

Interna	al Revenue Service (99) ► Attacl	h to Form 1040 or Form 1	041. ► See Instructions for Schedule C (Form 1	1040).	Sequ	ience N	lo. 09
Name	e of proprietor			Social	security	number	(SSN)	
Α	Principal business or profession	ı, including product or servi	ce (see page C-1)		er princ	•	ısines	s code
С	Business name. If no separate b	husinoss nama lagva blank		•	page C-		~ (FINI)	if any
C	Business name. Il no separate t	business name, leave blank		D Emp	ioyer ib	number	r (EIN), 	ir any
E	Business address (including sui City, town or post office, state,		1					
F	<u> </u>	Cash (2) Accrual	(3) ☐ Other (specify) ►					
G	Method(s) used to	_ Lower of			oply (if			
G	value closing inventory: (1)	☐ Cost (2) ☐ or marke		ked, sl	kip line l	- 1)	Yes	s No
Н		= :	valuations between opening and closing inven	tory? I	f "Yes,"	attach		
1	Did you "materially participate"	in the operation of this bus	siness during 1995? If "No," see page C-2 for I	imit or	ı losses.			
Par	rt I Income	Justiless during 1995, Check	k here				•	
га	income			T				
1			ed to you on Form W-2 and the "Statutory nd check here	1				
2				2				
3				3				
4				4				
5				5				
6	Other income, including Federal	I and state gasoline or fuel	tax credit or refund (see page C-2)	6				+
7 Dar	t II Expenses. Enter ex	noncos for husinoss us	se of your home only on line 30.	7				
	•	8		19				
8	Advertising	0	19 Pension and profit-sharing plans20 Rent or lease (see page C-4):	17				
9	Bad debts from sales or services (see page C-3)	9	a Vehicles, machinery, and equipment.	20a				
10	Car and truck expenses		b Other business property	20b				
10	(see page C-3)	10	21 Repairs and maintenance	21				
11	Commissions and fees	11	22 Supplies (not included in Part III) .	22				
12	Depletion	12	23 Taxes and licenses	23				
13	Depreciation and section 179		24 Travel, meals, and entertainment	:				
	expense deduction (not included		a Travel	24a				
	in Part III) (see page C-3)	13	b Meals and en-					
14	Employee benefit programs		tertainment .	+	-			
4.5	(other than on line 19)	14	c Enter 50% of line 24b subject					
15 16	Insurance (other than health) . Interest:	13	to limitations (see page C-4).					
а	Mortgage (paid to banks, etc.)	16a	d Subtract line 24c from line 24b .	24d	1			
b	Other	16b	25 Utilities	25				
17	Legal and professional		26 Wages (less employment credits) .	26				
	services	17	27 Other expenses (from line 46 on					
18	Office expense	18	page 2)	27				
28	Total expenses before expense	es for business use of home	e. Add lines 8 through 27 in columns •	28				
29	Tentative profit (loss). Subtract I			29				+
30			29	30				+
31	Net profit or (loss). Subtract lin							
	-		hedule SE, line 2 (statutory employees,	31				
	see page C-5). Estates and trus		e s.	31	1			
32	• If a loss, you MUST go on to		stment in this activity (see page C-5).					
3Z		-	12, and ALSO on Schedule SE, line 2	2 25	☐ All i	nvestm	ent is	at rick
	(statutory employees, see page							

• If you checked 32b, you MUST attach Form 6198.

at risk.

Schedule C (Form 1040) 1995 Page 2

Pai	Cost of Goods Sold (see page C-5)				T						
33	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	33									
34	Purchases less cost of items withdrawn for personal use	34									
35	Cost of labor. Do not include salary paid to yourself	35									
36	Materials and supplies	36									
37	Other costs	37									
38	Add lines 33 through 37	38									
39	Inventory at end of year	39									
40	Cost of goods sold. Subtract line 39 from line 38. Enter the result here and on page 1, line 4	40									
Pa	Information on Your Vehicle. Complete this part ONLY if you are claiming line 10 and are not required to file Form 4562 for this business. See the ins C-3 to find out if you must file.										
41	When did you place your vehicle in service for business purposes? (month, day, year) ▶/		·								
42	Of the total number of miles you drove your vehicle during 1995, enter the number of miles you used yo	ur vel	nicle for:								
а	Business b Commuting c Other										
43	Do you (or your spouse) have another vehicle available for personal use?		🗆	Yes	☐ No						
44	Was your vehicle available for use during off-duty hours?		🗆	Yes	☐ No						
45a	Do you have evidence to support your deduction?			Yes	☐ No ☐ No						
	rt V Other Expenses. List below business expenses not included on lines 8–26 of			103							
46	Total other expenses. Enter here and on page 1, line 27	46									