## SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service

## **Profit or Loss From Business**

(Sole Proprietorship)

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

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

OMB No. 1545-0074

1999
Attachment Sequence No. 09

Name of proprietor						Social security number (SSN)					
A	Principal business or profession	B Enter c	ode from pa	ges C-8	3 & 9						
С	Business name. If no separate I	D Employ	er ID numbe	r (EIN),	if any						
E	Business address (including sui City, town or post office, state,										
F	Accounting method: (1)	Cash (2	2) 🗌 Accrual	(3) ☐ Other (specify) ►							
G		luring 1999? If "No," see page C-2 for									
Н		usiness during	1999, check here	<u> </u>			<u></u> ▶				
Pa	rt I Income										
1	Gross receipts or sales. Caution employee" box on that form wa			on Form W-2 and the "Statutory ck here	1						
2	Returns and allowances				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	l and state gas	soline or fuel tax cre	dit or refund (see page C-3)	6						
7	Gross income. Add lines 5 and	16	<u> </u>	<u> </u>	7						
Pa	rt II Expenses. Enter ex	i I	ousiness use of y	our home <b>only</b> on line 30.				_			
8	Advertising	8		19 Pension and profit-sharing plans	19						
9	Bad debts from sales or services (see page C-3)	9		<ul><li>20 Rent or lease (see page C-4):</li><li>a Vehicles, machinery, and equipment .</li></ul>	20a						
10	Car and truck expenses			<b>b</b> Other business property	20b						
	(see page C-3)	10		21 Repairs and maintenance	21						
11	Commissions and fees	11		22 Supplies (not included in Part III) .							
12	Depletion	12		23 Taxes and licenses	23						
13	Depreciation and section 179 expense deduction (not included in Part III) (see page C-3)	13		24 Travel, meals, and entertainmer a Travel	24a						
14	Employee benefit programs			tertainment .							
	(other than on line 19)	14		c Enter nondeduct-							
15	Insurance (other than health).	15		ible amount in-   cluded on line 24b							
16	Interest:			(see page C-5) .							
а	Mortgage (paid to banks, etc.) .	16a		<b>d</b> Subtract line 24c from line 24b .	24d						
b	Other	16b		25 Utilities	25						
17	Legal and professional			26 Wages (less employment credits) .	26						
10	services	17		27 Other expenses (from line 48 on page 2)	0.7						
18	Office expense	18			27						
28	Total expenses before expense	es for business	use of home. Add	lines 8 through 27 in columns . •	28			+			
29	Tentative profit (loss). Subtract	line 28 from lin	no. 7		29						
30	Expenses for business use of ye				30						
31	Net profit or (loss). Subtract lir										
<b>.</b>	• If a profit, enter on Form 1040										
	see page C-6). Estates and trus	31									
	• If a loss, you MUST go on to										
32	If you have a loss, check the bo		es your investment	in this activity (see page C-6).							
	<ul> <li>If you checked 32a, enter the</li> </ul>	32a 🗌	All investm	nent is	at risk.						
	(statutory employees, see page	32b Some investment is not									
	• If you checked 32b, you MUS	ST attach <b>Forn</b>	n 6198.	J	at risk.						

Schedule C (Form 1040) 1999

Pai	t III Cost of Goods Sold (see page C-6)					
33	Method(s) used to value closing inventory: a \( \text{Cost} \) Cost \( \text{b} \) Lower of cost or market \( \text{c} \) [	] o	her (at	tach expl	anation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inverse," attach explanation	entor	-	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				
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42				
Pai	Information on Your Vehicle. Complete this part ONLY if you are claimin 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.	g ca	ar or i	for line	kpenses	s on page
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 1999, enter the number of miles you used you	ur vel	nicle for	r:		
а	Business b Commuting c Other					
45	Do you (or your spouse) have another vehicle available for personal use?		[	Yes		No
46	Was your vehicle available for use during off-duty hours?		[	Yes		No
47a	Do you have evidence to support your deduction?		[	Yes		No
b	If "Yes," is the evidence written?	or lin	[	Yes		No
Га	Other Expenses. List below business expenses not included on lines 0-20 (	) III	00.			
10	Total other expenses. Enter here and an page 1 line 27	40				

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