SCHEDULE C (Form 1040)

Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

Department of the Treasury Internal Revenue Service

▶ 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

Attachment Sequence No. **09**

Social security number (SSN) Α Principal business or profession, including product or service (see page C-1 of the instructions) B Enter code from pages C-7 & 8 С Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any Business address (including suite or room no.) ▶ Ε City, town or post office, state, and ZIP code (1) Cash (2) Accrual (3) ☐ Other (specify) ► F Accounting method: Did you "materially participate" in the operation of this business during 2001? If "No," see page C-2 for limit on losses . \square Yes \square No G н Income Part I Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory 1 employee" box on that form was checked, see page C-2 and check here 2 2 3 Subtract line 2 from line 1 4 4 Cost of goods sold (from line 42 on page 2) . 5 5 6 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) . . . Gross income. Add lines 5 and 6 . Expenses. Enter expenses for business use of your home only on line 30. Part II 19 8 19 Pension and profit-sharing plans Advertising 20 Rent or lease (see page C-4): Bad debts from sales or 20a services (see page C-3) . . . a Vehicles, machinery, and equipment . 20b Car and truck expenses **b** Other business property 10 10 21 (see page C-3) 21 Repairs and maintenance . . . 11 22 11 Commissions and fees 22 Supplies (not included in Part III) . 12 12 Depletion 23 Taxes and licenses 24 Travel, meals, and entertainment: Depreciation and section 179 13 24a a Travel . . . expense deduction (not included 13 in Part III) (see page C-3) . . . **b** Meals and entertainment Employee benefit programs 14 c Enter nondeduct-(other than on line 19) . . . ible amount in-15 Insurance (other than health) . 15 cluded on line 24b Interest: 16 (see page C-5) . 24d 16a d Subtract line 24c from line 24b a Mortgage (paid to banks, etc.) . 16b 25 25 Utilities Other 26 Wages (less employment credits) . 26 17 Legal and professional 27 Other expenses (from line 48 on services 17 18 Office expense. 18 27 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27 in columns 28 29 29 30 30 Expenses for business use of your home. Attach Form 8829 . . . 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, 31 see page C-5). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see page C-6). • If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 32a All investment is at risk. (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. **32b** Some investment is not • If you checked 32b, you must attach Form 6198. at risk.

Schedule C (Form 1040) 2001 Page 2

Pai	t III Cost of Goods Sold (see page C-6)					
33	Method(s) used to value closing inventory: a \(\subseteq \text{Cost} \) Cost \(b \subseteq \text{Lower of cost or market} \) c	□ Of	her (atta	ch explar	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing in "Yes," attach explanation		y? If □	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				
	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				
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 2001, enter the number of miles you used you	ur vel	nicle for:			
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 personal 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?			Yes		No
	Other Expenses. List below business expenses not included on lines 8–26	or lin	e 30.			
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48	Total other expenses. Enter here and on page 1, line 27	48				