# SCHEDULE C-EZ (Form 1040)

**Net Profit From Business** 

(Sole Proprietorship)

OMB No. 1545-0074

2009
Attachment
Sequence No. 09A

Department of the Treasury
Internal Revenue Service (99)
Name of proprietor

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

► Attach to Form 1040, 1040NR, or 1041. ► See instructions on page 2.

Social security number (SSN)

Part	General Info	ormation						
You May Use Schedule C-EZ Instead of Schedule C Only If You:		<ul> <li>Had business expenses of \$5,000 or less.</li> <li>Use the cash method of accounting.</li> <li>Did not have an inventory at any time during the year.</li> <li>Did not have a net loss from your business.</li> <li>Had only one business as either a sole proprietor, qualified joint venture, or statutory employee.</li> </ul>	And You:	Are not required be reciation this business Schedule C find out if your Do not deduse of your      Do not have	ave prior year unallowed activity losses from this			
<b>A</b> F	Principal business or pro	ofession, including product or service			B Enter business code (	see page 2)		
C	Business name. If no se	parate business name, leave blank.			D Enter your EIN (se	e page 2)		
E	Business address (inclu	ding suite or room no.). Address not required if	same as on page 1 of y	our tax return.				
ō	City, town or post office	s, state, and ZIP code						
Part	II Figure Your	Net Profit						
1	the box if:  This income was re on that form was checked.	r of a qualified joint venture reporting only re	employee" box	-4 and check	] 1			
2	Total expenses (see page 2). If more than \$5,000, you must use Schedule C							
3	Form 1040, line 12	t line 2 from line 1. If less than zero, you 2, and Schedule SE, line 2, or on Form not report the amount from line 3 on Sch 1, line 3	<b>1040NR, line 13.</b> (If y ledule SE, line 2.) Es	ou checked t	the			
Part	III Information	on Your Vehicle. Complete this part	only if you are clain	ming car or ti	ruck expenses on li	ne 2.		
4	When did you place	e your vehicle in service for business purpo	oses? (month, day, ye	ear) ►	·•			
5	Of the total number of miles you drove your vehicle during 2009, enter the number of miles you used your vehicle for:							
а	Business	<b>b</b> Commuting (see page 2	2)	<b>c</b> Othe	er			
6	Was your vehicle av	ailable for personal use during off-duty ho	ours?		🗆 Yes	□ No		
7	Do you (or your spo	ouse) have another vehicle available for pe	rsonal use?		🗆 Yes	$\square$ No		
8a	Do you have eviden	nce to support your deduction?			Tyes	□No		

☐ Yes ☐ No

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# Instructions



Before you begin, see General Instructions in the 2009 Instructions for Schedule C.

You can use Schedule C-EZ instead of Schedule C if you operated a business or practiced a profession as a sole proprietorship or qualified joint venture, or you were a statutory employee and you have met all the requirements listed in Schedule C-EZ, Part I.

# Line A

Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

#### Line B

Enter the six-digit code that identifies your principal business or professional activity. See pages C-9 through C-11 of the instructions for Schedule C for the list of codes.

#### Line D

Enter on line D the employer identification number (EIN) that was issued to you and in your name as a sole proprietor. If you are filing Form 1041, enter the EIN issued to the estate or trust. Do not enter your SSN. Do not enter another taxpayer's EIN (for example, from any Forms 1099-MISC that you received). If you are the sole owner of a limited liability company (LLC), do not enter on line D the EIN issued to the LLC, if any. If you do not have an EIN, leave line D blank.

You need an EIN only if you have a qualified retirement plan or are required to file an employment, excise, alcohol, tobacco, or firearms tax returns, are a payer of gambling winnings, or are filing Form 1041 for an estate or trust. If you need an EIN, see the Instructions for Form SS-4.

#### Line E

Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

#### Line 1

Enter gross receipts from your trade or business. Include amounts you received in your trade or business that were properly shown on Forms 1099-MISC. If the total amounts that were reported in box 7 of Forms 1099-MISC are more than the total you are reporting on line 1, attach a statement explaining the difference. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Do not offset this amount by any losses.

## Line 2

Enter the total amount of all deductible business expenses you

actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expenses, rent or lease expenses, repairs and maintenance, supplies, taxes, travel, the allowable percentage of business meals and entertainment, and utilities (including telephone). For details, see the instructions for Schedule C, Parts II and V, on pages C-4 through C-9. You can use the optional worksheet below to record your expenses. Enter on lines **b** through **f** the type and amount of expenses not included on line **a**.

If you claim car or truck expenses, be sure to complete Schedule C-EZ, Part III.

### Line 5b

Generally, commuting is travel between your home and a work location. If you converted your vehicle during the year from personal to business use (or vice versa), enter your commuting miles only for the period you drove your vehicle for business. For information on certain travel that is considered a business expense rather than commuting, see the Instructions for Form 2106.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated burden for individual taxpayers filing this form is included in the estimates shown in the instructions for their individual income tax return. The estimated burden for all other taxpayers who file this form is approved under OMB control number 1545-1973 and is shown below.

Recordkeeping								. 45 min.
Learning about the law								
or the form								. 4 min.
Preparing the form								. 35 min.
Copying, assembling,								
and sending the form to the IRS								. 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. See the instructions for the tax return with which this form is filed.

# Optional Worksheet for Line 2 (keep a copy for your records)

а	Deductible meals and entertainment (see the instructions for Schedule C, line 24b, on page C-6)	а	
b		b	
С		С	
d		d	
е		е	
f		f	
g	Total. Add lines <b>a</b> through <b>f</b> . Enter here and on line 2	g	