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 Internal Revenue Service (99) ► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

| INGIII | value of proprietor | | | | | Social Security number (SSN) | | | | | | |
|--------|---|--------|-------------------------|----------|--|------------------------------|------------------------------------|---------|----------|----------|--|--|
| A | Principal business or profession, including product or service (see page C-1) | | | | | | : ter princ e page C- | | usiness | code | | |
| С | Business name. If no separate to | ousine | ss name, leave blank. | | 1 | D Em | ployer ID | numbe | r (EIN), | if any | | |
| E | Business address (including sui- City, town or post office, state, | | | | | | | | | | | |
| F | | | | (3) | Other (specify) | | | | | | | |
| G | Method(s) used to value closing inventory: (1) | | Lower of co | st | | not a | apply (if | | Yes | | | |
| Н | | | | | petween opening and closing inven | | | | | | | |
| 1 | | | | | g 1995? If "No," see page C-2 for li | | | | | Ļ | | |
| J | | usines | s during 1995, check he | re | | <u></u> | | | | <u> </u> | | |
| Pa | rt I Income | | | | | Т | | | | _ | | |
| 1 | Gross receipts or sales. Caution | | | | | 1 | | | | | | |
| • | | | , 0 | | ere ▶ □ | 2 | | | | +- | | |
| 2 | | | | | | 3 | | | | + | | |
| 3 | | | | | | 4 | | | | +- | | |
| 4 5 | _ | | - | | | 5 | | | | + | | |
| 6 | | | | | r refund (see page C-2) | 6 | | | | + | | |
| 7 | | | | | | 7 | | | | † | | |
| Pai | rt II Expenses. Enter ex | pense | es for business use o | of your | home only on line 30. | | | | | | | |
| 8 | Advertising | 8 | | 19 | Pension and profit-sharing plans | 19 | | | | | | |
| 9 | Bad debts from sales or | | | | Rent or lease (see page C-4): | | | | | | | |
| , | services (see page C-3) | 9 | | | a Vehicles, machinery, and equipment. | 20a | 1 | | | | | |
| 10 | Car and truck expenses | | | | b Other business property | 20b |) | | | | | |
| | (see page C-3) | 10 | | | Repairs and maintenance | 21 | | | | | | |
| 11 | Commissions and fees | 11 | | | Supplies (not included in Part III) . | 22 | | | | | | |
| 12 | Depletion | 12 | | | Taxes and licenses | 23 | | | | | | |
| 13 | Depreciation and section 179 | | | | Travel, meals, and entertainment: | | | | | | | |
| 13 | expense deduction (not included | | | | a Travel | 24a | 1 | | | | | |
| | in Part III) (see page C-3) | 13 | | | b Meals and en- | | | | | | | |
| 14 | Employee benefit programs | | | | tertainment . | | | | | | | |
| | (other than on line 19) | 14 | | | c Enter 50% of | | | | | | | |
| 15 | Insurance (other than health) . | 15 | | | line 24b subject to limitations | | | | | | | |
| 16 | Interest: | | | | (see page C-4) . | | _ | | | | | |
| а | Mortgage (paid to banks, etc.) . | 16a | | | d Subtract line 24c from line 24b . | 240 | | | | +- | | |
| b | Other | 16b | | 25 | Utilities | 25 | | | | +- | | |
| 17 | Legal and professional | | | 26 | 3. (| 26 | | | | + | | |
| | services | 17 | | 27 | - | | | | | | | |
| 18 | Office expense | 18 | | | page 2) | 27 | | | | +- | | |
| 28 | · | | | dd lines | 8 through 27 in columns > | 28 | | | | +- | | |
| 29 | Tentative profit (loss). Subtract I | | | | | 29 | | | | +- | | |
| 30 | Expenses for business use of your | | | | | 30 | | | | +- | | |
| 31 | Net profit or (loss). Subtract lin | | | | | | | | | | | |
| | • If a profit, enter on Form 1040 | | | | line 2 (statutory employees, | 24 | | | | | | |
| | see page C-5). Estates and trus | | | | ſ | 31 | | | | | | |
| | • If a loss, you MUST go on to | | | | , | | | | | | | |
| 32 | If you have a loss, check the bo | | • | | * ' ' ' ' ' | _ | | | | | | |
| | • If you checked 32a, enter the loss on Form 1040, line 12 , and ALSO on Schedule SE, line 2 (statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. | | | | | | a ∐ Alli | | | | | |
| | If you checked 32h, you MUS | | | UII FUIT | 11 1041, IIIle 3. | 32l | o ∐ Sor | ne inve | stment | is not | | |

Schedule C (Form 1040) 1995 Page 2

| Pa | Cost of Goods Sold (see page C-5) | | | |
|-----|---|--------------------|-------------|------|
| | | 33 | | |
| 33 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | | | |
| 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 claim line 10 and are not required to file Form 4562 for this business. See the C-3 to find out if you must file. | ming car or t | | |
| 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 | d your vehicle for | : | |
| а | Business b Commuting c Oth | her | | |
| 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? | | | □ No |
| | If "Yes," is the evidence written? | | 」Yes | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 46 | Total other expenses. Enter here and on page 1, line 27 | . 46 | | |