

Ovals must be filled in completely. Example: If any line shows a loss, mark an X in box at left of the line.

Sch	edule C Massachusetts Profit or Loss from Business		2016
FIRST N	AME M.I. LAST NAME	SOCIAL SECURITY NUMBER OF PROPRIETOR	
	SS NAME	EMPLOYER IDENTIFICATION NUMBER (if any)	
	USINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE	PRINCIPAL BUSINESS CODE (from U.S. Schedule	C)
		7	0)
ADDRE		NUMBER OF EMPLOYEES	
	WN/POST OFFICE STATE ZIP + 4		
		Accounting Method: Cash Coher (specify)	
Did yo Did yo Exclud	ou materially participate in the operation of this business during 2016? (If "no," see line 33 instructions)	Yes No 2016? Yes No ine 32 and in Schedule B, line 3.	
1	a. Gross receipts or sales	▼ If showing a loss, mark an X in box	
	b. Returns and allowances	1 🛛,,,	00
2	Cost of goods sold and/or operations (Schedule C-1, line 8)	2	00
3	Gross profit. Subtract line 2 from line 1	3	00
4	Other income. Do not include interest income (other than from Mass. banks) and dividends	4	0 0
5	Total income. Add line 3 and line 4	5	0 0
6	Advertising	6	0 0
7	Bad debts from sales or services	7	0 0
8	Car and truck expenses	8	0 0
9	Commissions and fees	9	0 0
10	Depletion	10	0 0
11	Depreciation and Section 179 deduction	11	0 0
12	Employee benefit programs (other than in line 17)	12	0 0
13	Insurance (other than health)	13	00
14	Interest: a. mortgage interest paid to financial institutions		12121
	b. other interest	= 14	0 0
15	Legal and professional services	15	00
16	Office expense	16	00
17	Pension and profit-sharing plans	17	0 0

	SOCIAL SECURITY NUMBER	2016 SCHED. C, PAGE 2
18	Rent or lease: a. vehicles, machinery and equipment	
	b. other business property	, , , , , , , , 0 0
19	Repairs and maintenance	00
20	Supplies (not included on Schedule C-1)	, , , , , , , , , , , , , , , , , , , ,
21	Taxes and licenses	00
22	Travel	0 0
23	a. Total meals and entertainment	
	b. Enter 50% of 23a subject to limitations	0.0
24	Utilities	00
25	Wages (before U.S. jobs credit)	
26	Other expenses	
27	Total expenses. Add lines 6 through 26	, , , , , , , , , , , , , , , , , , , ,
28	Tentative profit or loss. Subtract line 27 from line 5	
29	Expenses for business use of your home	0.0
30	Abandoned Building Renovation Deduction	00
31	Net profit or loss. Subtract total of line 29 & line 30 from line 28. If a profit, enter here and on Form 1, line 6 or Form 1-NR/PY, line 8. If a loss, complete line 33	00
32	Is interest (other than from Mass. banks) or dividend income reported on U.S. Sch. C, lines 1 and/or 6 or Sch. C-EZ, line 1? Yes No. If Yes, see instructions	00
33		33a. All investment at risk. 33b. Some investment is not at risk.
Sch	edule C-1 Cost of Goods Sold and/or Operations	
	Method(s) used to value closing inventory: Cost Lower of cost or market Other (enclose explanation	
4	Was there any change in determining quantities, costs or valuations between opening and closing inventory? If yes, e	nclose explanation: Yes No
1	Inventory at beginning of year (if different from last year's closing inventory, enclose explanation) 1	
2	a. Purchases	0.0
	a b = 2	00
3	Cost of labor (do not include salary paid to yourself)	0.0
4	Materials and supplies	5 5 5
5	Other costs (enclose statement)	00
6	Add lines 1 through 56	00
7	Inventory at end of year	
8	Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2	