



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

Schedule C Massachusetts Profit or Loss from Business

2019

FIRST NAME M.I. LAST NAME SOCIAL SECURITY NUMBER OF PROPRIETOR

BUSINESS NAME EMPLOYER IDENTIFICATION NUMBER (if any)

MAIN BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE PRINCIPAL BUSINESS CODE (from U.S. Schedule C)

MAILING ADDRESS (no. & street; apt./suite/postal box). If you have a foreign address, also complete line below. CITY/TOWN STATE ZIP

FOREIGN PROVINCE/STATE/COUNTRY FOREIGN COUNTRY (OR COUNTRY CODE) FOREIGN POSTAL CODE

ENTER THE NUMBER OF EMPLOYEES

Fill in accounting method: Cash Accrual Other (specify) _____

Fill in if you materially participated in the operation of this business during 2019 (see line 33 instructions)

Fill in if you started or acquired this business during 2019

Fill in if you made any payments in 2019 that would require you to file Form(s) 1099

Fill in if you **have any** suspended PAL **related to this** schedule. See instructions and line 36

Fill in if you claimed the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2019

Fill in if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked

Fill in if interest or dividend reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1

Do not include interest and dividends in Schedule C, lines 1 and 4. Enter this amount here and on Schedule B, line 3. See instructions. **00**

1	a. Gross receipts or sales	<input type="text"/>	00		
	b. Returns and allowances	<input type="text"/>	00	a - b = 1	<input checked="" type="checkbox"/> <input type="text"/> 00
2	Cost of goods sold and/or operations (Schedule C-1, line 8)			2	<input type="text"/> 00
3	Gross profit. Subtract line 2 from line 1			3	<input checked="" type="checkbox"/> <input type="text"/> 00
4	Other income. Do not include interest income (other than from Mass. banks) and dividends			4	<input type="text"/> 00
5	Gross income. Add line 3 and line 4			5	<input checked="" type="checkbox"/> <input type="text"/> 00
6	Advertising			6	<input type="text"/> 00
7	Bad debts from sales or services			7	<input type="text"/> 00
8	Car and truck expenses			8	<input type="text"/> 00
9	a. Commissions and fees	<input type="text"/>	00		
	b. Contract Labor	<input type="text"/>	00	a + b = 9	<input type="text"/> 00
10	Depletion			10	<input type="text"/> 00
11	Depreciation and Section 179 deduction			11	<input type="text"/> 00
12	Employee benefit programs (other than in line 17)			12	<input type="text"/> 00
13	Insurance (other than health)			13	<input type="text"/> 00

▼ If showing a loss, mark an X in box at left



SOCIAL SECURITY NUMBER

14 a. Mortgage interest paid to financial institutions **00**

b. Other interest **00** $a + b = 14$ **00**

15 Legal and professional services **00** **15**

16 Office expense **00** **16**

17 Pension and profit-sharing plans **00** **17**

18 a. Vehicles, machinery and equipment **00**

b. Other business property **00** $a + b = 18$ **00**

19 Repairs and maintenance **00** **19**

20 Supplies (not included on Schedule C-1) **00** **20**

21 Taxes and licenses **00** **21**

22 Travel **00** **22**

23 a. Total meals **00**

b. Enter 50% of 23a subject to limitations **00** $a - b = 23$ **00**

24 Utilities **00** **24**

25 Wages (before U.S. jobs credit) **00** **25**

26 Other expenses **00** **26**

27 Total expenses. Add lines 6 through 26. **00** **27**

28 Tentative profit or loss. Subtract line 27 from line 5 **00** **28**

29 Expenses for business use of your home **00** **29**

30 Abandoned Building Renovation Deduction **00** **30**

31 Profit or loss. Subtract total of line 29 and 30 from line 28. If a profit enter here and on line 34.
 If a loss enter here and go to line 32 **00** **31**

32 Deductible loss. If you have a loss on line 31 it may be limited. See line 33. **00** **32**

33 Fill in the oval that describes your investment in this activity. If you filled in 33a enter the loss
 on line 32 and go to line 35. If you filled in 33b, see instructions for line 32 entry and go to line 35.

33a. All investment at risk.

33b. Some investment is not at risk.

34 Profit from line 31. **00** **34**

35 Total profit or loss. Combine lines 32 and 34 **00** **35**

36 Allowable prior-year suspended PAL you are applying **00** **36**

37 Net profit or loss. Combine line 35 and 36. Enter here and on Form 1, line 6a or Form 1 NR/PY, line 8a **00** **37**



FIRST NAME

M.I. LAST NAME

SOCIAL SECURITY NUMBER OF PROPRIETOR

Schedule C-1 Cost of Goods Sold and/or Operations

Fill in method used to value closing inventory: Cost Lower of cost or market Other (enclose explanation)

Fill in and enclose explanation if there was any change in determining quantities, costs or valuations between opening and closing inventory.

Fill in and enclose explanation if inventory at beginning of year is different from last year's closing inventory.

1	Inventory at beginning of year .....	.1	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 0 0
2	a. Purchases <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 0 0		
	b. Items withdrawn for personal use	a - b = 2	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 0 0
3	Cost of labor (do not include salary paid to yourself) .....	.3	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 0 0
4	Materials and supplies .....	.4	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 0 0
5	Other costs (enclose statement) .....	.5	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 0 0
6	Add lines 1 through 5 .....	.6	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 0 0
7	Inventory at end of year .....	.7	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 0 0
8	Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2 .....	.8	<div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> 0 0