SCHED	ULE	С
(Form 1	040)	

## Profit or Loss From Business

(Sole Proprietorship)

OMB No. 1545-0074

6 (0)

Attachment

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.

Department of the Treasury Internal Revenue Service (99) Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Sequence No. 09 Name of proprietor Social security number (SSN) Α B Enter code from instructions Principal business or profession, including product or service (see instructions) С Business name. If no separate business name, leave blank. D Employer ID number (EIN) (see instr.) Ε Business address (including suite or room no.) ► City, town or post office, state, and ZIP code F Accounting method: (1) 🗌 Cash (2) Accrual (3) Other (specify) ► G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses . No н No No L | Yes No No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on 1 Form W-2 and the "Statutory employee" box on that form was checked . . . . . . . . . . . . . 1 2 2 3 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) . . . . . . . . . . . . 4 5 5 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) . . . 6 . 7 7 Gross income. Add lines 5 and 6 . Part II Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising . . . . . 8 18 Office expense (see instructions) 18 19 19 Pension and profit-sharing plans . 9 Car and truck expenses (see instructions). . . . . 9 20 Rent or lease (see instructions): Commissions and fees . 10 10 Vehicles, machinery, and equipment а 20a 11 Contract labor (see instructions) 11 b Other business property . . . 20b 12 Depletion . . . . 12 21 Repairs and maintenance . . . 21 Depreciation and section 179 13 22 Supplies (not included in Part III) . 22 expense deduction (not 23 Taxes and licenses . . . . . 23 included in Part III) (see 24 13 Travel and meals: instructions). . . . Employee benefit programs а Travel. . . . 24a 14 (other than on line 19). 14 h Deductible meals (see 15 Insurance (other than health) 15 instructions) . . . . . . . 24b 25 25 16 Interest (see instructions): Utilities . . . . . . . . 26 Mortgage (paid to banks, etc.) 16a Wages (less employment credits). 26 а 16b b Other . . . . . . 27a Other expenses (from line 48) . . 27a 17 Legal and professional services 17 b Reserved for future use . . 27b 28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a . . . . . . 28 29 29 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home: . Use the Simplified and (b) the part of your home used for business: Method Worksheet in the instructions to figure the amount to enter on line 30 . . . . . . 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. 31 • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity. See instructions. • If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule **32a** All investment is at risk. SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on 32b Some investment is not Form 1041, line 3. at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedu	le C (Form 1040) 2020			Page <b>2</b>
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: <b>a</b> Cost <b>b</b> Lower of cost or market <b>c</b> Other (a	ttach e	xplanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ory?	. <b>Yes</b>	🗌 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 line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car of and are not required to file Form 4562 for this business. See the instructions for file Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year) / Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used you	vehicl	e for:	
а	Business <b>b</b> Commuting (see instructions) <b>c</b>	Other		
45	Was your vehicle available for personal use during off-duty hours?		Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	No No
47a	Do you have evidence to support your deduction?		🗌 Yes	No No
	If "Yes," is the evidence written?		🗌 Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8–26 or	ine 3	0.	
48	Total other expenses. Enter here and on line 27a	48		