SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury

► Go to www.irs.gov/ScheduleC for instructions and the latest information. Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065.

Attachment Sequence No. 09

Name of proprietor					Social security number (SSN)					
A	Principal business or profession, including product or service (see instructions)					Ente	r code	from i	nstructi	ons
С	Business name. If no separate business name, leave blank.					Emp		numb	per (EIN)	(see instr.)
E	Business address (including suite or room no.) ▶									
	City, town or post office, state									
F	Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶									<u></u>
G	Did you "materially participate" in the operation of this business during 2021? If "No," see instructions for limit on losses . \square Yes \square No									☐ No
Н	If you started or acquired this business during 2021, check here									
١.	, , ,			(s) 1099? See instructions					_	∐ No
Par		e required Form(s) 1	099?		•			. L	_ Yes	☐ No
		and an all and a few lines of	4	Hete to a second and the second	.					
1	Form W-2 and the "Statutory e	employee" box on t	that form was checked	this income was reported to you or l		1				
2					٠	2				
3					٠	3				
4	Cost of goods sold (from line 42)					5				
5 6	-			refund (see instructions)		6				
7	_			eiuna (see instructions)		7				
Pari		enses for busine	ss use of your hom	ne only on line 30						
8	Advertising	8	18	Office expense (see instructions)	Т	18				
9	Car and truck expenses (see		19	Pension and profit-sharing plans	-	19				
J	instructions)	9	20	Rent or lease (see instructions):						
10	Commissions and fees .	10	а	Vehicles, machinery, and equipmen	t [20a				
11	Contract labor (see instructions)	11	b	Other business property		20b				
12	Depletion	12	21	Repairs and maintenance	. [21				
13	Depreciation and section 179		22	Supplies (not included in Part III)	. [22				
	expense deduction (not included in Part III) (see		23	Taxes and licenses	. [23				
	instructions)	13	24	Travel and meals:						
14	Employee benefit programs		а	Travel	.	24a				
	(other than on line 19) .	14	b	Deductible meals (see						
15	Insurance (other than health)	15		instructions)	.	24b				
16	Interest (see instructions):		25	Utilities	.	25				
a	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)	H	26				
b	Other	16b	27a	Other expenses (from line 48) .		27a				
17	Legal and professional services 17 b Reserved for future use Total expenses before expenses for business use of home. Add lines 8 through 27a					27b 28				
28 29	Tentative profit or (loss). Subtract line 28 from line 7									
30	Tentative profit or (loss). Subtract line 28 from line 7									
30	unless using the simplified method. See instructions. Simplified method filers only: Enter the total square footage of (a) your home:									
	and (b) the part of your home used for business: Use the Simplified									
	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	• If a loss, you must go to line 32.								
32	If you have a loss, check the b	oox that describes y	our investment in this	activity. See instructions.						
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you must 	box on line 1, see th	ne line 31 instructions.)	Estates and trusts, enter on		32a 32b	☐ So			s at risk. nt is not

Schedule C (Form 1040) 2021 Page 2 Part III Cost of Goods Sold (see instructions) 33 Method(s) used to a Cost **b** Lower of cost or market **c** Other (attach explanation) value closing inventory: Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 34 Yes No If "Yes," attach explanation . . 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation Purchases less cost of items withdrawn for personal use . . . 36 36 Cost of labor. Do not include any amounts paid to yourself . 37 37 38 Materials and supplies 38 Other costs. 39 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 . Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 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 2021, enter the number of miles you used your vehicle for: 44 Business _____ **b** Commuting (see instructions) 45 Was your vehicle available for personal use during off-duty hours? . No 46 Do you have evidence to support your deduction? . . . Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48

Total other expenses. Enter here and on line 27a

48