| Profit or Loss From Business Schedule C | | | | | | | | |
|--|---------------|---------------|-----------|-------------------------|-----------------|--------|--|--|
| Name: SSN: | | | | | | | | |
| | | | | | | | | |
| TS Principal business or profession Busine | | | | | Business code | | | |
| Business name Emplo number | | | | | | | | |
| Business address | | | | | | | | |
| Accounting method, if not cash Accrual Other | | | | | | | | |
| Activity type You disposed of this property during 2011 | | | | | | | | |
| You started or acquired this business during 2011 | | | | | | | | |
| Did you make any payments in 2011 that would require you to file Form(s) 1099? | | | | | | Yes No | | |
| If, Yes," did you or will you file all required Forms 1099? | | | | | | Yes No | | |
| Income | 2011 | 2010 | | | 2011 | 2010 | | |
| Payments from Form 1099-K | | | Returns | and allowances | | | | |
| Gross receipts or sales | | | Other in | come | | | | |
| Statutory Employee Earnings | | | | | | | | |
| Expenses | 2011 | 2010 | Γ | | 2011 | 2010 | | |
| Advertising | | | Taxes a | nd licenses | | | | |
| Car and truck expenses | | | Travel | • | | | | |
| Commissions and fees | | | Total m | eals and entertainment | | | | |
| Contract labor | | | Utilities | | | | | |
| Depletion | | | Wages | | | | | |
| Employee benefit programs | | | Other e | xpenses (list): | | | | |
| Insurance (other than health) | | | | | | | | |
| Mortgage interest (paid to banks etc.) | | | | | | | | |
| Other interest | | | | | | | | |
| Legal & professional services | | | | | | | | |
| Office expenses | | | | | | | | |
| Pension and profit sharing plans | | | | | | | | |
| Rent or lease (vehicles, machinery, and equipment) | | | | | | | | |
| Rent (other business property) | | | | | | | | |
| Repairs and maintenance | | | Other (E | Detail) | | | | |
| Supplies | | | Family I | Health Coverage | | | | |
| Cost of goods sold Inventory at beginning of | 2011 | 2010 | Γ | | 2011 | 2010 | | |
| the year | | | Material | s and supplies | | | | |
| Purchases (less cost of items withdrawn for personal use) | | | Other co | osts | | | | |
| Cost of labor | | | Inventor | y at end of year | <u> </u> | | | |
| Inventory method, if not Cost | Lower of Cost | or Market Oth | ner | There was a change of i | nventory method | | | |
| | | | | | | | | |

| Profit or Loss From Business Schedule C General Information | | | | | | | | |
|--|--|--------|--|--|--|--|--|--|
| Name: SSN: | | · | | | | | | |
| | | | | | | | | |
| TS Principal business or profession | Business code | | | | | | | |
| Employer I.D. number | | | | | | | | |
| Business name | | | | | | | | |
| Business address | | | | | | | | |
| Accounting method, if not cash Accrual Other | tra | | | | | | | |
| Inventory method, if not cost | thod Yes | No | | | | | | |
| Activity type You disposed of this property during 2011 | | | | | | | | |
| You started or acquired this business during 2011 | | | | | | | | |
| Did you make any payments in 2011 that would require you to file Form(s) 1099? | | Yes No | | | | | | |
| If "Yes," did you or will you file all required Forms 1099? | DAGS OF SAME OF THE BARREST SAME OF THE SA | Yes No | | | | | | |
| Other Information | 2011 | 2010 | | | | | | |
| Family Health Coverage Income | 2011 | 2010 | | | | | | |
| Merchant Card and third party payments from Form 1099-K | | | | | | | | |
| Gross receipts or sales | The second secon | | | | | | | |
| Statutory Employee Earnings that were not reported on Form W-2 | | | | | | | | |
| Returns and allowances | <u></u> | | | | | | | |
| Other income (list on detail worksheet) | | | | | | | | |
| Cost of Goods Sold | 2011 | 2010 | | | | | | |
| Inventory at beginning of the year | | | | | | | | |
| Purchases (less cost of items withdrawn for personal use) Cost of labor | | | | | | | | |
| Materials and supplies | | | | | | | | |
| Other costs (list on detail worksheet) | | | | | | | | |
| Inventory at end of year | ~~~ | | | | | | | |
| | | | | | | | | |