SCHEDULE C (Form 1040)

Department of the Treasury

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or 1065-B.

OMB No. 1545-0074

► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040). (99) Name of proprietor Social security number (SSN) Principal business or profession, including product or service (see page C-2 of the instructions) B Enter code from pages C-8, 9, & 10 C Business name. If no separate business name, leave blank. D Employer ID number (EIN), if any F Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code (2) Accrual (3) ☐ Other (specify) ▶ F (1) Cash Accounting method: G Did you "materially participate" in the operation of this business during 2005? If "No," see page C-3 for limit on losses ightharpoonsIncome Part I Gross receipts or sales. Caution. If this income was reported to you on Form W-2 and the "Statutory 1 employee" box on that form was checked, see page C-3 and check here 2 2 Subtract line 2 from line 1 3 3 4 Cost of goods sold (from line 42 on page 2) 5 5 Other income, including Federal and state gasoline or fuel tax credit or refund (see page C-3) 6 Gross income. Add lines 5 and 6 7 Part II **Expenses.** Enter expenses for business use of your home **only** on line 30. 8 18 8 Advertising 18 Office expense 19 19 Pension and profit-sharing plans Car and truck expenses (see 9 20 Rent or lease (see page C-5): page C-3). 10 20a a Vehicles, machinery, and equipment . 10 Commissions and fees 20b 11 11 Contract labor (see page C-4) **b** Other business property. . 12 21 Depletion 21 Repairs and maintenance . . 12 22 22 Supplies (not included in Part III) . Depreciation and section 179 13 23 Taxes and licenses deduction expense (not 24 Travel, meals, and entertainment: included in Part III) (see 13 24a page C-4) **a** Travel Employee benefit programs **b** Deductible meals and 14 24b (other than on line 19). entertainment (see page C-5) 15 **25** Utilities 25 15 Insurance (other than health) . 26 26 Wages (less employment credits) .

If you have a loss, check the box that describes your investment in this activity (see page C-6).

Expenses for business use of your home. Attach Form 8829

16a

16b

17

Tentative profit (loss). Subtract line 28 from line 7

Net profit or (loss). Subtract line 30 from line 29.

a Mortgage (paid to banks, etc.) .

b Other

28

29

30 31 Legal and professional services . . <u>.</u>

• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.

• If a profit, enter on Form 1040, line 12, and also on Schedule SE, line 2 (statutory employees,

Total expenses before expenses for business use of home. Add lines 8 through 27 in columns . . . ▶

32a 🗌	All investment is at risk
32b 🗌	Some investment is not
	at risk.
	at risk.

27

28

29

30

31

27 Other expenses (from line 48 on

page 2)

Page 2 Schedule C (Form 1040) 2005

Pa	t III Cost of Goods Sold (see page C-6)			
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c	Other (at	tach explan	ation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inverse," attach explanation	-	Yes	☐ 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 Pa	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4. Information on Your Vehicle. Complete this part only if you are claimin line 9 and are not required to file Form 4562 for this business. See the ins C-4 to find out if you must file Form 4562.			
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶/	<u>/</u>		
44	Of the total number of miles you drove your vehicle during 2005, enter the number of miles you used you	ur vehicle for	:	
а	Business b Commuting (see instructions) c Other	er		
45	Do you (or your spouse) have another vehicle available for personal use?	[☐ Yes	□ No
46	Was your vehicle available for personal use during off-duty hours?	[☐ Yes	□ No
47a	Do you have evidence to support your deduction?	[Yes	☐ No
b Pa	If "Yes," is the evidence written?	[or line 30.	Yes	☐ No
48	Total other expenses. Enter here and on page 1, line 27	48		