

Profit or Loss From Business Schedule C

Name: _____ SSN: _____

TS		Principal business or profession	Business code	
Business name			Employer I.D. number	
Business address				
Accounting method, if not cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other				
Activity type You disposed of this property during 2010 <input type="checkbox"/>				
You started or acquired this business during 2010 <input type="checkbox"/> Statutory employee OR qualified joint venture <input type="checkbox"/>				

Income	2010	2009	2010	2009
Gross receipts or sales			Other income	
Returns and allowances				

Expenses	2010	2009	2010	2009
Advertising			Taxes and licenses	
Car and truck expenses			Travel	
Commissions and fees			Total meals and entertainment	
Contract labor			Utilities	
Depletion			Wages	
Employee benefit programs			Other expenses (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 (Detail)	
Supplies			Family Health Coverage	

Cost of goods sold	2010	2009	2010	2009
Inventory at beginning of the year			Materials and supplies	
Purchases (less cost of items withdrawn for personal use)			Other costs	
Cost of labor			Inventory at end of year	

Inventory method, if not Cost Lower of Cost or Market Other There was a change of inventory method

Information on your vehicle	2010	2009		Yes	No
Date placed in service			Available when off duty	<input type="checkbox"/>	<input type="checkbox"/>
Business miles			Another vehicle available	<input type="checkbox"/>	<input type="checkbox"/>
Commuting miles			You have evidence	<input type="checkbox"/>	<input type="checkbox"/>
Other miles			It is written	<input type="checkbox"/>	<input type="checkbox"/>

Supplemental Income and Loss

Part I - Income or Loss From Rental Real Estate and Royalties

Name: _____ SSN: _____

TSJ Property address _____

City _____ State _____ Zip _____

Property type: _____ Activity type: _____

Some investment is not at risk Property was 100% disposed of in 2010 Property is a Single Member Limited Liability Company

If property is used for personal purposes at least 10% or 14 days, enter personal % _____

If multi-dwelling unit and taxpayer occupies part, enter % occupied by taxpayer _____

Is this your main home or second home? Yes

Income:	2010	2009
Rental income		
Royalties from oil, gas mineral, copyright or patent		

Expenses:	2010 Direct Expenses	2009 Direct Expenses	2010 Indirect Expenses	2009 Indirect Expenses
Advertising				
Auto and travel				
Cleaning and maintenance				
Commissions				
Insurance				
<input type="checkbox"/> Above amount includes Private Mortgage Insurance				
Legal and professional fees				
Management fees				
Interest - mortgage				
Interest - other				
Repairs				
Supplies				
Taxes				
Utilities				

Other expenses: (list)

Other information:

Ownership percentage _____

Employee Business Expense

Name:

SSN:

TS Occupation override

Part I - Employee Business Expense and Reimbursements

	2010	2009
Rural mail carrier		
Parking fees, tolls, and local transportation, including train, bus, etc.		
Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do Not include meals and entertainment		
Other business expenses		
Meals and entertainment expenses		
DOT meals		
Enter reimbursements received from your employer that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 on your Form W-2 for		
Other business expenses		
Meals and entertainment expenses		
Portion of total expenses that is for impairment-related work expenses of disabled employee		
Portion of total expenses that is for Armed Forces reservist		
<input type="checkbox"/> Qualifying performing artist		
<input type="checkbox"/> Fee-based state or local government official		
<input type="checkbox"/> Pastor		

Business Vehicle Expenses

Vehicle Description	Vehicle 1		Vehicle 2	
	2010	2009	2010	2009
Enter the date vehicle was placed in service				
Total miles vehicle was driven during 2010				
Business miles included above				
Average daily roundtrip commuting distance				
Commuting miles included in total miles above				
Taxes				
Gasoline, oil, repairs, vehicle insurance, etc.				
Vehicle rentals				
Inclusion amount				
Value of employer-provided vehicle (applies only if 100% annual lease value was included on Form W-2)				
Enter cost or other basis				
Enter section 179 deduction				
Enter depreciation method and percentage				
If an employer provided vehicle, was personal use during off duty hours permitted? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you (or your spouse) have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "Yes", is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Expenses for Business Use of Your Home

Name:

SSN:

TS For

Business Use of Home

2010

2009

Square feet of home used exclusively for business

Total square feet of home

Use of Home for Daycare

2010

2009

Area used part time for business

Total hours used for daycare

Total hours available

Did you live in the home all year?

Yes No

If not, enter the dates you lived in the home

From:

To:

Expenses

Expenses directly related to business use only

Total Household expenses

Did you claim office in home expenses last year? Yes No

2010

2009

2010

2009

Deductible mortgage interest

Real estate taxes

Excess mortgage interest

Insurance

Rent

Repairs and maintenance

Utilities

Other expenses

Cost of Home

2010

2009

Enter the smaller of your home's adjusted basis or its fair market value

Does this include the value of the land? Yes No

Value of land

Date placed in service

Auto Expense Worksheet

Name:		SSN:	
For			
Business name & Profession/Product			
Description			
Date placed in service			
Do you have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was your vehicle available for use during off-duty hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have evidence to support your deduction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "Yes", is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Enter the number of miles your vehicle was used for:		2010	2009
a Business miles			
b Commuting			
c Other			
Expenses:		2010	2009
Garage rent			
Gas			
Insurance			
Licenses			
Oil			
Parking fees			
Lease payments			
Interest			
Property tax			
Repairs			
Tires			
Tolls			
Other expenses (list):		Apply Business %	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	