Schedule C - Profit or Loss from Business SSN: Name: **General Business Information** Business name Employer ID number Professional product or service Business address, city, state, ZIP Payments of \$600 or more were paid to an individual who is Yes No ☐ This business started or was acquired during 2020 not your employee for services provided for this business Yes No You filed Forms 1099 for the individuals This business was disposed of during 2020 Income 2020 2020 Gross receipts or sales Returns & allowances . **Expenses** 2020 2020 Car & truck expenses Total meals . . Commissions & fees Depletion Other expenses (list) . . . Employee benefit programs . . Insurance (other than health) Interest - mortgage Legal & professional services Rent or lease (vehicles, machinery, & equipment) Rent (other business property) Repairs & maintenance Taxes & licenses **Cost of Goods Sold** 2020 2020 Inventory at beginning of year Materials & supplies Other costs Inventory at end of year Cost of labor There was a change in inventory method