

PROFIT or (LOSS) FROM BUSINESS or PROFESSION

If you operated more than one business, or if you and your spouse had separate businesses, please complete a separate schedule for each business.

Business Number: _____ Primary owner of business (T = Taxpayer S = Spouse) _____
 Was the business acquired after 10/22/86 ? ___ YES ___ NO
 Principal Business or Profession : Business Code : _____
 _____ Employer ID Number : _____
 Business Name and Address : _____

Method(s) used to value closing inventory : Cost Lower of cost or market Other (attach explanation) N/A
 Accounting Method : Cash Accrual Other (specify) _____
 Was there any change in determining quantities, costs, or valuations between the opening and closing inventory ? (If "YES", attach explanation) ___ YES ___ NO
 Are you deducting expenses for the business use of your home ? ___ YES ___ NO
 Did you materially participate in the operation of the business during 2018 ? ___ YES ___ NO
 Are you claiming any deduction, loss, credit, other tax benefit, or income from an interest purchased or otherwise acquired in a tax shelter required to be registered ? ___ YES ___ NO
 Is this the first schedule filed for this business ? ___ YES ___ NO
 Check the line that describes your investment in this business activity? All investment is at risk Some investment is not at risk

INCOME	2018	2017
Gross receipts or sales		
Sales returns and allowances		
Other Income		
COST of GOODS SOLD	2018	2017
Inventory at beginning of year		
Purchases (less cost of items withdrawn for personal use)		
Cost of labor (exclude salary paid to yourself)		
Materials and supplies		
Other costs		
Inventory at end of year		
DEDUCTIONS	2017	2016
Advertising		
Bad debts from sales or services		
Car and truck expenses		
Commissions and Fees		
Depletion		
Depreciation and Sec 179 deduction (not included in cost of goods sold)		
Employee benefit programs		
Freight (not included in cost of goods sold)		
Insurance (other than health)		
Mortgage interest (paid to banks, etc.)		
Other interest		
Legal and professional services		
Office expenses		
Pension and profit-sharing plans		
Rent on machinery and equipment		
Rent on other business property		
Repairs and maintenance		
Supplies (not included in cost of goods sold)		
Taxes and licenses		
Travel		
Meals and entertainment		
Utilities and Telephone		
Wages less jobs credit (exclude salary paid to yourself)		
Other expenses (list type and amount):		