

Schedule C - Profit or Loss from Business or Profession

Activity Information		
Indicate: T = Taxpayer, S = Spouse, J = Joint _____ 1		
Business name _____ 2		
Street _____ 3		
City, state, zip, country _____ 4		
Principal business/profession _____ 5		
_____ Employer identification number	_____ Tax shelter ID number	_____ Tax shelter registration number
Accounting Method		
Indicate method of accounting: A = Accrual, O = Other, Blank = Cash, B = Leave unanswered _____ 7		
If other (specify) _____ 8		
Inventory Valuation		
Indicate method of inventory valuation: (If "other", please provide explanation on a continuation sheet.)		
C = Cost, L = Lower of cost or market, O = Other, D = Not applicable _____ 9		
X if there was any change in determining quantities, cost, or valuation of inventories _____ 10		
Miscellaneous Information		
Indicate X if this business was started or acquired during 2008 _____ 11		
Indicate X if you received earnings as a statutory employee _____ 12		
Indicate X if the business was disposed of in 2008 _____ 13		
Indicate X if the business was ever audited by IRS, State, or Foreign Tax Authority _____ 14		
Year of audit _____ 15		
		2008 amount PY amount
Self-employed health insurance premium payments you made during 2008 _____ 16		_____

Organizer | Income | Business Income | Business Name | Business Information | Sch. C Activity Information

Income		
Gross Receipts or Sales		
	2008 amount	PY amount
_____	_____	_____
_____	_____	_____
Total gross receipts or sales (Lines 17-18)	_____	_____
Sales returns & allowances _____	_____	_____
Cost of Goods Sold and/or Operations		
	2008 amount	PY amount
Inventory at beginning of year _____	_____	_____
Purchases less cost of items withdrawn for personal use _____	_____	_____
Cost of labor _____	_____	_____
Materials and supplies _____	_____	_____
Other costs related to inventory	_____	_____
_____	_____	_____
_____	_____	_____
Inventory at end of year _____	_____	_____
Total cost of goods sold and/or operations (Lines 20-26)	_____	_____
Reimbursements		
Meals and Entertainment _____	_____	_____
Other reimbursements _____	_____	_____
Other Income		
	2008 amount	PY amount
_____	_____	_____
_____	_____	_____
Total other income (Lines 29-30)	_____	_____
Portfolio Income _____	_____	_____

Organizer | Income | Business Income | Business Name | Business Information | Income/Expenses

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Expenses

	2008 amount	PY amount	
Advertising	_____	_____	32
Car and truck expenses (Do not duplicate expenses listed on the vehicle business expense schedule page)	_____	_____	33
Commissions and fees	_____	_____	34
Contract Labor	_____	_____	35
Employee benefit programs	_____	_____	36
Insurance (other than health insurance)	_____	_____	37
Mortgage interest paid to financial institutions If amount is entered, please attach details and required bank documents.	_____	_____	38
Other interest	_____	_____	39
Legal and professional services	_____	_____	40
Office expenses (postage, etc.)	_____	_____	41
Pension and profit-sharing plans	_____	_____	42
Machinery and equipment rent	_____	_____	43
Other business property rent	_____	_____	44
Repairs and maintenance	_____	_____	45
Supplies	_____	_____	46
Taxes and licenses	_____	_____	47
Travel	_____	_____	48
Meals & Entertainment & Overnight Meals (gross amount subject to limitation)	_____	_____	49
Utilities	_____	_____	50
Wages (gross)	_____	_____	51
Total expenses (Lines 32-51)	_____	_____	
Indicate X if you were subject to the Department of Transportation hours of service limits			52

Other Expenses

	2008 amount	PY amount	
Local transportation including train, cabs, bus, etc.	_____	_____	53
Overnight travel expense (lodging, car rental, taxi, etc. excluding meals)	_____	_____	54
Telephone	_____	_____	55
Professional dues	_____	_____	56
Stationery, postage	_____	_____	57
Professional magazines, journals	_____	_____	58
Other expenses (e.g. uniforms required as condition of employment)	_____	_____	59
_____	_____	_____	60
_____	_____	_____	61
_____	_____	_____	62
_____	_____	_____	63
Total (Lines 53-63)	_____	_____	T

Domestic Production Deduction - Sec. 199

The primary source of your revenue in this business is in one of the following activities:

1) Disposition of property manufactured, produced, grown or extracted in the U.S.	_____	64
2) Construction of real property in the U.S.	_____	65
3) Engineering and architectural services performed in the U.S. with respect to real property	_____	66

Schedule C - Profit or Loss from Business or Profession

Business name: _____

Depreciation and Amortization

Enter all property and equipment used in your business or profession. If you sold, traded, or otherwise disposed of an asset, please provide the date sold and gross sales price. Please indicate in the notes section if you would like to elect Section 179 expense for a particular asset placed in service in 2008. For vehicle expenses, make your entries on the **Business Expense Schedule and Form 2106** page, and indicate Schedule C on the property type code.

Description of property	Date placed in service MO DA YYYY	Cost or unadjusted basis	Business use %	Date sold MO DA YYYY	Gross sales price	
_____	_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	_____	8
Total (Lines 1-8) _____					_____	T

**For assets placed in service prior to 1/1/2008, please provide
a schedule of accumulated depreciation on a per asset basis.**

If you had any amortization expenses (organizational costs, loan fees, etc.), for this business, provide details (description, date purchased, cost, life, etc.) below:

_____	9
_____	10
_____	11
_____	12

Organizer | Income | Business Income | Business Name | Depreciation and Amortization | Asset Detail _____

Notes: