SCHEDULE C (Form 1040)

Name of proprietor

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

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

► Attach to Form 1040 or 1041. ► See Instructions for Schedule C (Form 1040).

OMB No. 1545-0074 Attachment Sequence No. **09**

Social security number (SSN)

Α	Principal business or profession	, including prod	duct or service (se	ee page C-1 of the instructions)	В	Ente	er cod	e fro	m pa	ages C-	7, 8	, & 9
С	Business name. If no separate to	ousiness name,	leave blank.		D	Emp	loyer	ID n	umb	er (EIN), if	any
E	Business address (including suite or room no.) ► City, town or post office, state, and ZIP code											
F G H Pai	Did you "materially participate" If you started or acquired this b	in the operation		(3) ☐ Other (specify) ► during 2002? If "No," see page C-3 for	lim	nit or	loss	es	. [☐ Yes	. [□ No
1	Gross receipts or sales. Caution employee" box on that form wa			ou on Form W-2 and the "Statutory neck here		1						
2	· -		· -			2						
3					Γ	3						
4						4						
	, ·	1 3 , -										
5	Gross profit. Subtract line 4 fro	om line 3				5						
6				redit or refund (see page C-3)	L	6						
7	Gross income. Add lines 5 and	<u> 16</u>	<u> </u>			7						
Pai	rt II Expenses. Enter ex	1	usiness use of	your home only on line 30.	_							
8	Advertising	8		19 Pension and profit-sharing plans		19 /////	_					
9	Bad debts from sales or			20 Rent or lease (see page C-5):	- 1		1					
	services (see page C-3)	9		a Vehicles, machinery, and equipment .		<u>20a</u> 20b						
10	Car and truck expenses	10		b Other business property	H	20b 21						
	(see page C-3)	11		21 Repairs and maintenance	H	22						
11 12	Commissions and fees	12		22 Supplies (not included in Part III)23 Taxes and licenses	F	23						
	Depletion			24 Travel, meals, and entertainmen	7							
13	Depreciation and section 179 expense deduction (not included			a Travel		24a						
	in Part III) (see page C-4)	13		b Meals and								
14	Employee benefit programs	14		entertainment	+		1					
4.5	(other than on line 19)	14		c Enter nondeduct- ible amount in-								
15 16	Insurance (other than health) . Interest:			cluded on line 24b (see page C-5)								
а	Mortgage (paid to banks, etc.)	16a		d Subtract line 24c from line 24b	T	24d	1					
b	Other	16b		25 Utilities	Ī	25						
17	Legal and professional			26 Wages (less employment credits)		26						
	services	17		27 Other expenses (from line 48 on								
18	Office expense	18		page 2)		27						
28	Total expenses before expense	es for business	use of home. Add	d lines 8 through 27 in columns . ►	-	28						
29	Tentative profit (loss). Subtract I	line 28 from line	27			29						
30	Expenses for business use of you				L	30						
31	Net profit or (loss). Subtract lin	ne 30 from line	29.									
	• If a profit, enter 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.					31						
	• If a loss, you must go to line 32.											
32	If you have a loss, check the bo		-				_					
	• If you checked 32a, enter the loss on Form 1040, line 12, and also on Schedule SE, line 2									ment i		
	(statutory employees, see page C-6). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198 .							Some		estme	nt i	s not

Schedule C (Form 1040) 2002

Page 2

Page 111 Cost of Goods Sold (soo page C 6)

Pal	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	□о	ther (atta	ch explana	ation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing in "Yes," 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	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4	42				
Pai	Information on Your Vehicle. Complete this part only if you are claiming line 10 and are not required to file Form 4562 for this business. See the interest C-4 to find out if you must file.	struc				
43	When did you place your vehicle in service for business purposes? (month, day, year) ▶					
44	Of the total number of miles you drove your vehicle during 2002, enter the number of miles you used you	our vel	nicle for:			
а	Business b Commuting c Other					
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	If "Yes," is the evidence written?			Yes		No
Pa		or lir	e 30.			
48	Total other expenses. Enter here and on page 1, line 27	48				
	<u> </u>					