	Name	5	SSN	
Self	-Employed Business Income and Expenses (Schedule C)			
	Enter "X" in one box: Filer Spouse			
Ge	eneral Information			
	Employer Identification Number (do not e	enter So	cial Security Number	-)
	Principal business or profession			
	Business name			
	Business address			
	City	State	9	Zip
	Foreign Country			
	Foreign Province/State	Post	al Code	AND CONTRACTOR OF THE PARTY OF
Ge	eneral Check Boxes (Enter "X" where applicable)			
1	Accounting Method Cash Accrual Other - (Spec	ify) _		
2	Did you "materially participate" in this business?			
3	Check ('X') if you started or acquired this business in 2020.			
4	Did you make any payments in 2020 that would require you to file Form(s) 1099?		Yes	No
В	usiness Income	Γ	Current Year	Prior Year
	* Report statutory income as W-2 income.	-	Amount	Amount
-	Gross receipts or sales not reported on Form 1099 or Form W-2	_		
5		5		
6 7		7		
8		8		
9		9		
10		10		
11		11		
12		12		
13		13		
14		14		
15	Income reported on 1099 MISC	15		
16	Gross amount of payment card/third party network transactions from Form 1099-K .	16		
17	Professional gambler winnings from Form W2-G	17		
18	Gross installment sales less cost of goods sold	18		
19	Returns and allowances	19		
20	Other income	20		
In	ventory (Enter "X" where applicable)		r1	
21	Method(s) used to value closing inventory Cost Lower of cost	or marke	etOther	
22	Any change in determining quantities, costs, or valuations between opening and closi	ng inver	ntory?	Yes No
			Current Year	Prior Year
00	Inventory at the beginning of year	23	Amount	Amount
23	Inventory at the beginning of year Purchases less cost of items withdrawn for personal use	24		
24 25	Cost of labor	25		
26	Materials and supplies	26		
27	Other Costs	27		
28	Inventory at end of year	28		
	inventory at one or year.			
As	ssets Placed in Service This Year		Date Placed	Purchase
	Description:		In Service	Amount
A		A		
В		В		
С		С		
D		D		
E		E F		
F		G		

	Name	S	SN		
	Business				
Sel	f-Employed Business Expenses Cont. (Schedule C)				
Evne	enses		Current Year	Prior Year	
29	Advertising	29	Amount	Amount	
30	Contract labor	30			
31	Commissions and fees	31			
32	Depletion	32			
33	Employee benefit programs (other than on line 30)	33			
34	Insurance (other than health)	34			
	Interest:	54			
35	Mortgage (paid to banks, etc.)	35			
36	Other	36			
37	Legal and professional services	37			
38	Office expense	38			
39	Pension and profit-sharing plans	39			
	Rent or Lease:				
40	Machinery rental or lease	40			
41	Equipment rental or lease	41			
42		42			
43		43			
44	Other business and the last	44			
AE	Other business property rental or lease				
45		45			
46		46			
47	December	47			
48	Repairs and maintenance				
49	Supplies (not included in inventory cost of goods sold)	49			
50	Taxes and licenses Travel and Meals:	50			
	Travel				
51		51			
52		52			
53		53			
54		54			
	Meals				
55	Enter "X" in the box if subject to DOT hours of service limits	55			
56		56			
57		57			
58		58			
59		59			
60	Utilities	60			
61	Wages	61			
60	Other Expenses:				
62		62			
63 64		63			
64		64			
65 66		65			
66		66			
67		67			
68		68			
69		69			
70		70			

	Name			A CONTRACTOR OF THE CONTRACTOR	
	Business				
Veh	icle Information (Schedule C)				
	_	Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle				
3	Total miles driven for the year 3				
4	Business miles driven during the year 4				
5	Commuting miles included on line 3 5				
6	Parking fees and tolls 6				
7	Vehicle Interest				
8 A	Vehicle Personal Property tax 8ctual Expenses				
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance				
11	Vehicle registration fees				
12	Vehicle lease or rental				
13	13				
		Vehicle - Vehicle -			
		Current Year	Prior Year	Current Year	Prior Year
		Amount	Amount	Amount	Amount
1	Date vehicle was placed in service 1				
2	Cost of vehicle				
3	Total miles driven for the year 3				
4	Business miles driven during the year . 4				
5	Commuting miles included on line 3 5				
6 7	Parking fees and tolls				
8	Vehicle Personal Property tax 8				
-	ctual Expenses				
9	Gasoline, oil and repairs 9				
10	Vehicle Insurance				
11	Vehicle registration fees				
12	Vehicle lease or rental				
13	13				

	Name	SSN _		-
	Home Office Number			
	Description of Home Office			
	Address			The Manager of Manager of State of Stat
	City	5	State Zip	
	Check ("X") box: Daycare	Approximation .		
Hon	ne Office Expenses			
	THE STITUS EXPONESS	Γ	Current Year	Prior Year
A:	rea of Home Area used regularly and exclusively for business, regularly for daycare, or for storage	-	Amount	Amount
	of inventory or product samples	1		
2 Da	Total area of home	2		
3	Multiply days used for daycare during year by hours used per day	3		
4 Ex	Enter total hours home was available for daycare during year	4		
5	Casualty losses	5		
6	Excess mortgage interest	6		
7	Excess real estate taxes	7		
8	Insurance	8		
9	Rent	9		
10	Repairs and maintenance	10		
11	Utilities	11		
12	Other Expenses:	_		
a		12a		
b		12b		
С		12c		
d		12d		
е		12e		
_	- 1 All		Current Year	Prior Year
В	Usiness Allocation:	-	Allocation %	Allocation %
	Business 1:	-		
	Business 2: Business 3:	-		
		-		
	Business 4:			
В	usiness:		Current Year	Prior Year
A	dditional expenses related to business portion only (Direct)	-	Amount	Amount
13	Casualty losses	13		
14	Excess mortgage interest	14		
15	Excess real estate taxes	15		
16	Insurance	16		
17	Rent	17		
18	Repairs and maintenance	18		
19 20	Utilities	19		L
20 a		20a		
b		20b		
c		20c		
d		20d		
e		20e		
-				

Name		SSN	
Home Office Number			
Description of Home Office			
Address			
City		State	Zip
Check ("X") box:	Daycare		
Home Office Expenses			