

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | |
|---|---|
| Principal business/profession..... | <input style="width:95%;" type="text"/> |
| Principal business code..... | <input style="width:95%;" type="text"/> |
| Business name, if different from Form 1040..... | <input style="width:95%;" type="text"/> |
| Business address, if different from Form 1040.... | <input style="width:95%;" type="text"/> |
| City, if different from Form 1040..... | <input style="width:95%;" type="text"/> |
| State, if different from Form 1040..... | <input style="width:95%;" type="text"/> |
| ZIP code, if different from Form 1040..... | <input style="width:95%;" type="text"/> |
| Employer identification number..... | <input style="width:95%;" type="text"/> |
| Other accounting method..... | <input style="width:95%;" type="text"/> |

| | | |
|--|---|--|
| Accounting method: 1=cash, 2=accrual..... | <input style="width:95%;" type="text"/> | |
| Inventory method: 1=cost, 2=lower cost/market, 3=other..... | <input style="width:95%;" type="text"/> | |
| 1=change of inventory method..... | <input style="width:95%;" type="text"/> | |
| 1=spouse, 2=joint..... | <input style="width:95%;" type="text"/> | |
| 1=first Schedule C filed for this business..... | <input style="width:95%;" type="text"/> | |
| If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no..... | <input style="width:95%;" type="text"/> | |
| 1=not subject to self-employment tax..... | <input style="width:95%;" type="text"/> | |
| 1=did not "materially participate"..... | <input style="width:95%;" type="text"/> | |
| 1=personal services is not a material income producing factor..... | <input style="width:95%;" type="text"/> | |
| 1=investment..... | <input style="width:95%;" type="text"/> | |
| 1=minister's Schedule C..... | <input style="width:95%;" type="text"/> | |
| 1=single member limited liability company..... | <input style="width:95%;" type="text"/> | |

INCOME

| | 2011 Amount | 2010 Amount |
|--|---|---|
| Merchant card and third party payments (Form 1099-K, Box 1) *..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Gross receipts or sales (Form 1099-MISC, box 7)..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Returns and allowances..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other income: | | |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

COST OF GOODS SOLD

| | | |
|---|---|---|
| Inventory at beginning of the year..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Purchases..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cost of items for personal use..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Cost of labor..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Materials and supplies..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Other costs: | | |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| _____ | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |
| Inventory at end of the year..... | <input style="width:95%;" type="text"/> | <input style="width:95%;" type="text"/> |

2011

1040

US

Business Income (Schedule C) (cont.)

No.

16 p2

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

EXPENSES

| | 2011 Amount | 2010 Amount |
|--|-------------|-------------|
| Accounting..... | | |
| Advertising..... | | |
| Answering service..... | | |
| Bad debts from sales or service..... | | |
| Bank charges..... | | |
| Car and truck expenses (not entered elsewhere)..... | | |
| Commissions..... | | |
| Contract labor..... | | |
| Delivery and freight..... | | |
| Dues and subscriptions..... | | |
| Employee benefit programs..... | | |
| Insurance (other than health)..... | | |
| Mortgage interest (paid to banks, etc.)..... | | |
| Other interest (not entered elsewhere)..... | | |
| Janitorial..... | | |
| Laundry and cleaning..... | | |
| Legal and professional..... | | |
| Miscellaneous..... | | |
| Office expense..... | | |
| Outside services..... | | |
| Parking and tolls..... | | |
| Pension and profit sharing plans - contributions..... | | |
| Pension and profit sharing plans - admin. and education costs..... | | |
| Postage..... | | |
| Printing..... | | |
| Rent - vehicles, machinery, & equipment (not entered elsewhere)..... | | |
| Rent - other..... | | |
| Repairs..... | | |
| Security..... | | |
| Supplies..... | | |
| Taxes - real estate..... | | |
| Taxes - payroll..... | | |
| Taxes - sales tax included in gross receipts..... | | |
| Taxes - other (not entered elsewhere)..... | | |
| Telephone..... | | |
| Tools..... | | |
| Travel..... | | |
| Total meals and entertainment in full (50%)..... | | |
| Department of Transportation meals in full (80%)..... | | |
| Uniforms..... | | |
| Utilities..... | | |
| Wages..... | | |

Other expenses:

| | | |
|-------|--|--|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

NOTE: If you purchased or disposed of any business assets, please complete Sheet 22.

16 p2

2011

1040

US

Vehicle Expenses

No.

22 p3

Please enter all pertinent 2011 amounts. Last year's amounts are provided for your reference.

GENERAL INFORMATION

| | 2011 Amount | 2010 Amount |
|--|-------------|-------------|
| Description of vehicle..... | | |
| 1=no evidence to support your deduction..... | | |
| 1=no written evidence to support your deduction..... | | |
| 1=vehicle is available for off-duty personal use..... | | |
| 1=no other vehicle is available for personal use..... | | |
| 1=vehicle used primarily by more than 5% owner..... | | |
| Number of months your job required a vehicle (if not 12 months)..... | | |

AUTOMOBILE MILEAGE

| | | |
|---|--|--|
| Total mileage (for the tax year)..... | | |
| Business mileage (from 1/1/11 to 6/30/11)..... | | |
| Business mileage (from 7/1/11 to 12/31/11)..... | | |
| Commuting mileage (for the tax year)..... | | |
| Average daily round-trip commute..... | | |

ACTUAL EXPENSES

| | | |
|--|--|--|
| Parking fees and tolls (business portion only)..... | | |
| Gasoline, lube, oil..... | | |
| Repairs..... | | |
| Tires..... | | |
| Insurance..... | | |
| Miscellaneous..... | | |
| Auto license (other than personal property taxes)..... | | |
| Personal property taxes (based on car's value)..... | | |
| Interest (car loan) (for Schedule C, E & F)..... | | |
| Vehicle rent or lease payments..... | | |
| Inclusion amount (enter as positive)..... | | |
| Value of employer-provided vehicle on Form W-2 (2106)..... | | |

2011

1040

US

Business Use of Home (Form 8829)

No.

29

Please enter 2011 indirect expenses in full. Nonbusiness portion will carry to Schedule A. Business percentage will be applied to indirect expenses only.

BUSINESS USE OF HOME

| | 2011 Amount | 2010 Amount |
|--|-------------|-------------|
| Form | | |
| Number of form (e.g., enter 2 for Schedule C number 2) | | |
| Business use area (square footage) | | |
| Total area of home (square footage) | | |
| Total hours facility used (for daycare facilities only) | | |
| Total hours available (if not 8,760) | | |
| % (.xx) or amount of gross income from home if not 100% (-1 if none) | | |
| % (.xx) or amount of expenses from home if not 100% (-1 if none) | | |

INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

| | | |
|---|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Qualified mortgage insurance premiums | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Other indirect expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |

DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

| | | |
|---|--|--|
| Mortgage interest | | |
| Real estate taxes | | |
| Qualified mortgage insurance premiums | | |
| Casualty losses | | |
| Insurance | | |
| Miscellaneous | | |
| Rent | | |
| Repairs and maintenance | | |
| Utilities | | |
| Excess mortgage interest | | |
| Excess casualty losses | | |
| Allowable casualty losses | | |
| Other direct expenses: | | |
| _____ | | |
| _____ | | |
| _____ | | |