SCHE	DULE	С
(Form	1040)	

Profit or Loss From Business

1033

OMB No. 1545-0074

2018

(Sole Proprietorship)

	treast of the Terr	▶ ▶	Go to	www.irs.gov/ScheduleC fo	or ins	structions and the latest inform	ation.		4	201	U
	rtment of the Treasury al Revenue Service (99)			•		tnerships generally must file Fo		5. İ	Attach Seque	ment ence No.	09
-	ne of proprietor			, - , - - -				ecurity num			-
A	Principal business	orprofession	includ	ing product or convice (coo in	etruet	tions)	B Ente	r code from	instrur	ctions	
A	Principal business or profession, including product or service (see instructions)				B Enter code from instructions						
С	Business name. If no separate business name, leave blank.		D Empl	oyer ID nun	nber (El	N) (see i	instr.)				
•	Duoinoco namo. n						- ·		,	, (,
Е	Business address	(including suite	e or roo	om no.) 🕨							
	City, town or post of	office, state, ar	d ZIP								
F	Accounting method:	(1)	Cash	(2) Accrual (3	3)	Other (specify)					_
G	Did you "materially	participate" in	the op	eration of this business during	g 201	8? If "No," see instructions for limit	t on losse	es		Yes	No
Н	If you started or acq	uired this busi	ness d	uring 2018, check here				ו	▶ 🗌		
I	Did you make any p	ayments in 20	18 that	would require you to file For	m(s)	1099? (see instructions)				Yes	No
<u> </u>	If "Yes," did you or v	vill you file req	uired F	Forms 1099?						Yes	No
Pa	rt I Income										
1	Gross receipts or sa	ales. See instru	uctions	for line 1 and check the box	if this	income was reported to you on					
	Form W-2 and the "	Statutory emp	loyee"	box on that form was checked	ł] 1				
2	Returns and allowar	nces					. 2				
3	Subtract line 2 from	line 1					. 3				
4	Cost of goods sold ((from line 42)	••				. 4				
5	Gross profit. Subtr						. 5				
6	Other income, includ	ding federal ar	nd state	e gasoline or fuel tax credit or	refur	nd (see instructions)	. 6				
7	Gross income. Ad					<u></u>	7				
Pa	rt II Expense	es. Enter ex	pens	es for business use of	your	home only on line 30.		1			
8	Advertising		8		18	Office expense (see instructions)	18				
9	Car and truck exper	nses (see			19	Pension and profit-sharing plans	19				
	instructions)		9		20	Rent or lease (see instructions):					
10	Commissions and fe	es	10		a	Vehicles, machinery, and equipment	. 20a				
11	Contract labor (see	instructions)	11		b	Other business property	. 20b				
12	Depletion		12		21	Repairs and maintenance	. 21				
13	Depreciation and se				22	Supplies (not included in Part III)) 22				
	expense deduction (included in Part III)	not			23	Taxes and licenses	. 23				
			13		24	Travel and meals:					
14	Employee benefit p	rograms			a	Travel	. 24a				
	(other than on line 1	9)	14		b	Deductible meals (see					
15	Insurance (other that	n health)	15			instructions)	. 24b				
16	Interest (see instruc	tions):			25	Utilities	. 25				
а	Mortgage (paid to b	anks, etc.) .	16a		26	Wages (less employment credits					
b	Other		16b		27a	Other expenses (from line 48)	. 27a				
17	Legal and profession	onal services	17		b	Reserved for future use	. 27b				
28	Total expenses be	fore expenses	for bu	siness use of home. Add line	es 8 t	hrough 27a	28				
29	Tentative profit or (le	oss). Subtract	line 28	6 from line 7			. 29				
30	Expenses for busine	ess use of you	r home	. Do not report these expense	es els	sewhere. Attach Form 8829					
	unless using the sin	nplified method	d (see i	nstructions).							
	Simplified method	filers only: e	enter th	e total square footage of: (a)	you	home:					
	and (b) the part of y	our home use	d for bu	usiness:		. Use the Simplified	ł				
	Method Worksheet i	in the instruction	ons to f	igure the amount to enter on I	ine 3	0	. 30				
31	Net profit or (loss)	. Subtract line	30 fro	m line 29.							_
	• If a profit, enter on	both Schedule	1 (Forn	n 1040), line 12 (or Form 1040N	R, line	e 13) and on Schedule SE,					
	line 2. (If you checked	the box on line	1, see i	nstructions). Estates and trusts, e	enter o	on Form 1041, line 3.	31				
	• If a loss, you must										
32	-	-	hat des	cribes your investment in this	activ	/ity (see instructions).					
	-			Schedule 1 (Form 1040), line 1		· · · · · · · · · · · · · · · · · · ·	32a	All in	vestm	ient is a	at risk.
	-			hecked the box on line 1, see the			32b			stment	
	Estates and trusts, ent						L	at ris			
				n 6198. Your loss may be limited.							

For Paperwork Reduction Act Notice, see the separate instructions.

Schedu	e C (Form 1040) 2018			Page 2
Name(s)	SSN		
Part I	II Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ach explai	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "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			
40	Add lines 35 through 39			
41	Inventory at end of year			
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4			
Part	IV Information on Your Vehicle. Complete this part only if you are claiming ca and are not required to file Form 4562 for this business. See the instructions file Form 4562.			
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 2018, enter the number of miles you used your	vehicle fo	or:	
а	Business b Commuting (see instructions) c	Other		
45	Was your vehicle available for personal use during off-duty hours?	••••	Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?	• • • •	Yes	No
47a	Do you have evidence to support your deduction?	• • • • •	Yes	No
b Part	If "Yes," is the evidence written?			No
48	Total other expenses. Enter here and on line 27a	48		