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Almost every form and publication also has its own page on IRS.gov. For example, the Form 1040 page is at IRS.gov/Porm1040; the Publication 17 page is at IRS.gov/Pub17; the Form W-4 page is at IRS.gov/W4; and the Schedule A (Form 1040) page is at IRS.gov/ScheduleA. If typing in a link above instead of clicking on it, be sure to type the link into the address bar of your browser, not in a Search box. Note that these are friendly shortcut links that will automatically go to the actual link for the page.

If you wish, you can submit comments about draft or final forms, instructions, or publications at IRS.gov/FormsComments. We cannot respond to all comments due to the high volume we receive. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

SCHEDULE C (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business (Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. 09

Name of proprietor						Social	Social security number (SSN)		
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 bla	ank.		ASI	D Emp	loyer ID number (EIN) (se	ee instr.)	
E	Business address (including suite or room no.) ▶								
	City, town or post office, state	e, and ZIP code							
F	Accounting method: (1)	_ , , _	1 1		Other (specify)			<u></u>	
G	Did you "materially participate" in the operation of this business during 2018? If "No," see instructions for limit on losses . \square Yes \square No								
Н	If you started or acquired this business during 2018, check here								
I.	Did you make any payments in 2018 that would require you to file Form(s) 1099? (see instructions)								
J	_	e required Forms 1099?			.7		<u>. </u>	☐ No	
Par		sturetions for the 4 and a	م داه داد داد		Altin in a sure of the state of the state of		_		
1	Form W-2 and the "Statutory of				this income was reported to you on ▶ □	1			
2	Returns and allowances	chiployee box of that for	illi was cii	CORCU	1 1	2			
3	Subtract line 2 from line 1					3			
4	Cost of goods sold (from line 42)								
5	Gross profit. Subtract line 4 from line 3								
6	•				efund (see instructions)	-			
7					<u> </u>	7			
Part		enses for business use	e of your	hom	e only on line 30.				
8	Advertising	8		18	Office expense (see instructions)	18			
9	Car and truck expenses (see			19	Pension and profit-sharing plans .	19			
	instructions).	9		20	Rent or lease (see instructions):				
10	Commissions and fees .	10		а	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 section 179 expense deduction (not			22	Supplies (not included in Part III) .	22			
	included in Part III) (see			23	Taxes and licenses	23			
	instructions)	13		24	Travel and meals:		l		
14	Employee benefit programs			а	Travel	24a			
	(other than on line 19).	14		b	Deductible meals (see				
15	Insurance (other than health)	15			instructions)				
16	Interest (see instructions):	40		25	Utilities	25			
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits).	26			
b 17	Other	16b		27a	Other expenses (from line 48)	27a			
<u>17</u> 28	Legal and professional services Total expenses before expen	17	ome Add	b lines 8	Reserved for future use	27b 28			
29	Total expenses before expenses for business use of home. Add lines 8 through 27a								
30	Tentative profit or (loss). Subtract line 28 from line 7								
00	unless using the simplified me	•	ort triese	expe	ises eisewhere. Attach i ohn 0029				
	Simplified method filers only	,	otage of:	a) you	ır home:				
	and (b) the part of your home			,,,	. Use the Simplified				
	Method Worksheet in the instr		unt to ente	er on li		30			
31	Net profit or (loss). Subtract	=							
	If a profit, enter on both Sched		or Form 10	40NR,	line 13) and on Schedule SE,				
	line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.								
	In f a loss, you must go to lin)						
32	If you have a loss, check the b	oox that describes your inv	vestment i	n this	activity (see instructions).				
	Ilf you checked 32a, enter the	he loss on both Schedule	e 1 (Form	1040)	, line 12 (or Form 1040NR,	32a			
	•	line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions).						at risk.	
	Estates and trusts, enter on Form 1041, line 3.						Some investmer at risk.	nt is not	
	In f you checked 32b, you mu	ıst attach Form 6198. You	ur loss ma	v be li	mited.		at nort.		

Part	Cost of Goods Sold (see instructions)	
33	Method(s) used to	
0.4	value closing inventory: a Cost b Lower of cost or market c Other (attach	explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	☐ Yes ☐ No
	A STATE OF THE STA	
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	5
	IJRAFIASU	
36	Purchases less cost of items withdrawn for personal use	6
27	Cost of labor. Do not include any amounts noid to yourself	7
37	Cost of labor. Do not include any amounts paid to yourself	
38	Materials and supplies	3
	Materials and supplies	
39	Other costs	9
40	Add Face OF the work OO	
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	- intermediation on roam removes complete time paint only in you also elementing out or the	
	and are not required to file Form 4562 for this business. See the instructions for line file Form 4562.	13 to find out if you must
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	cle for:
а	Business b Commuting (see instructions) c Othe	r
u		
45	Was your vehicle available for personal use during off-duty hours?	Yes No
		□ Vaa □ Na
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	If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8–26 or line 3	Yes No
Part	Other Expenses. List below business expenses not included on lines 8–26 or line 3	30.
		-
		-
		-
		_
		-
		-
		1
48	Total other expenses. Enter here and on line 27a	

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