



Ovals must be filled in completely. Example: If any line shows a loss, mark an X in box at left of the line.

Schedule C Mass. Profit or Loss from Business

2002

FIRST NAME M.I. LAST NAME

SOCIAL SECURITY NUMBER OF PROPRIETOR

BUSINESS NAME

EMPLOYER IDENTIFICATION NUMBER (if any)

MAIN BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE

PRINCIPAL BUSINESS CODE (from U.S. Schedule C)

ADDRESS

NUMBER OF EMPLOYEES

CITY/TOWN/POST OFFICE STATE ZIP

Accounting Method: Cash Accrual
 Other (specify) _____

Did you materially participate in the operation of this business during 2002? (If "no," see line 33 instructions) Yes No

Did you claim the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2002? Yes No

Exclude interest (other than from Massachusetts banks) and dividends from lines 1 and 4 and enter such amount in line 32 and in Schedule B, line 3.

Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, fill in here.

1	a. Gross receipts or sales	<input type="text"/>		
	b. Returns and allowances	<input type="text"/>	a - b = 1	<input type="text"/>
2	Cost of goods sold and/or operations (Schedule C-1, line 8)	<input type="text"/>		2
3	Gross profit. Subtract line 2 from line 1	<input type="text"/>		3
4	Other income. Do not include interest income (other than from Mass. banks) and dividends	<input type="text"/>		4
5	Total income. Add line 3 and line 4	<input type="text"/>		5
6	Advertising	<input type="text"/>		6
7	Bad debts from sales or services	<input type="text"/>		7
8	Car and truck expenses	<input type="text"/>		8
9	Commissions and fees	<input type="text"/>		9
10	Depletion	<input type="text"/>		10
11	Depreciation and Section 179 deduction	<input type="text"/>		11
12	Employee benefit programs (other than in line 17)	<input type="text"/>		12
13	Insurance (other than health)	<input type="text"/>		13
14	Interest:			
	a. mortgage interest paid to financial institutions	<input type="text"/>		
	b. other interest	<input type="text"/>	a + b = 14	<input type="text"/>
15	Legal and professional services	<input type="text"/>		15
16	Office expense	<input type="text"/>		16
17	Pension and profit-sharing plans	<input type="text"/>		17
18	Rent or lease: a. vehicles, machinery and equipment	<input type="text"/>		
	b. other business property	<input type="text"/>	a + b = 18	<input type="text"/>

▼ If showing a loss, mark an X in box at left



SOCIAL SECURITY NUMBER

Grid for Social Security Number

Table with 3 columns: Line number, Description, and Amount grid. Includes lines 19-33 with various expense categories and calculation instructions.

Schedule C-1 Cost of Goods Sold and/or Operations

Table with 3 columns: Line number, Description, and Amount grid. Includes lines 1-8 for inventory and cost of goods sold calculations.