



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 Massachusetts Profit or Loss from Business

2004

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 2004? (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 2004? 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"/>	a - b = 1	<input type="checkbox"/>	<input type="text"/>
	b. Returns and allowances	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
2	Cost of goods sold and/or operations (Schedule C-1, line 8)	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
3	Gross profit. Subtract line 2 from line 1	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
4	Other income. Do not include interest income (other than from Mass. banks) and dividends	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
5	Total income. Add line 3 and line 4	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
6	Advertising	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
7	Bad debts from sales or services	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
8	Car and truck expenses	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
9	Commissions and fees	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
10	Depletion	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
11	Depreciation and Section 179 deduction	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
12	Employee benefit programs (other than in line 17)	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
13	Insurance (other than health)	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
14	Interest:		a + b = 14	<input type="checkbox"/>	<input type="text"/>
	a. mortgage interest paid to financial institutions	<input type="text"/>			
	b. other interest	<input type="text"/>			
15	Legal and professional services	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
16	Office expense	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
17	Pension and profit-sharing plans	<input type="text"/>		<input type="checkbox"/>	<input type="text"/>
18	Rent or lease: a. vehicles, machinery and equipment	<input type="text"/>	a + b = 18	<input type="checkbox"/>	<input type="text"/>
	b. other business property	<input type="text"/>			

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



SOCIAL SECURITY NUMBER

Grid for Social Security Number

Table with 33 rows for expense categories (Repairs and maintenance, Supplies, Taxes and licenses, Travel, Meals and entertainment, Utilities, Wages, Other expenses, Total expenses, Tentative profit or loss, Expenses for business use of your home, Abandoned Building Renovation Deduction, Net profit or loss, Interest/dividend income, Investment risk) and their corresponding amounts.

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

Table for Schedule C-1 with 8 rows (Inventory at beginning of year, Purchases, Items withdrawn for personal use, Cost of labor, Materials and supplies, Other costs, Inventory at end of year, Cost of goods sold and/or operations) and their corresponding amounts.