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 2010

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 + 4

Accounting Method: ⬭ Cash ⬭ Accrual ⬭ Other (specify) _____

Did you materially participate in the operation of this business during 2010? (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 2010? . . . . . ⬭ 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: ⬭

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

| | | | | |
|---|---|---|---|---|
| 1 | a. Gross receipts or sales . . . . . | 0 0 | | |
| | b. Returns and allowances . . . . . | 0 0 | a – b = 1 | 0 0 |
| 2 | Cost of goods sold and/or operations (Schedule C-1, line 8) . . . . . | | 2 | 0 0 |
| 3 | Gross profit. Subtract line 2 from line 1 . . . . . | | 3 | 0 0 |
| 4 | Other income. Do not include interest income (other than from Mass. banks) and dividends . . . . . | | 4 | 0 0 |
| 5 | Total income. Add line 3 and line 4 . . . . . | | 5 | 0 0 |
| 6 | Advertising . . . . . | | 6 | 0 0 |
| 7 | Bad debts from sales or services . . . . . | | 7 | 0 0 |
| 8 | Car and truck expenses . . . . . | | 8 | 0 0 |
| 9 | Commissions and fees . . . . . | | 9 | 0 0 |
| 10 | Depletion . . . . . | | 10 | 0 0 |
| 11 | Depreciation and Section 179 deduction . . . . . | | 11 | 0 0 |
| 12 | Employee benefit programs (other than in line 17) . . . . . | | 12 | 0 0 |
| 13 | Insurance (other than health) . . . . . | | 13 | 0 0 |
| 14 | Interest: a. mortgage interest paid to financial institutions . . . | 0 0 | | |
| | b. other interest . . . . . | 0 0 | a + b = 14 | 0 0 |
| 15 | Legal and professional services . . . . . | | 15 | 0 0 |
| 16 | Office expense . . . . . | | 16 | 0 0 |
| 17 | Pension and profit-sharing plans . . . . . | | 17 | 0 0 |

| | | | |
|---|---|---|---|
| 18 | Rent or lease:<br>a. vehicles, machinery and equipment | 0 0 | |
| | b. other business property | 0 0 | a + b = 18 0 0 |
| 19 | Repairs and maintenance | 19 | 0 0 |
| 20 | Supplies (not included on Schedule C-1) | 20 | 0 0 |
| 21 | Taxes and licenses | 21 | 0 0 |
| 22 | Travel | 22 | 0 0 |
| 23 | a. Total meals and entertainment | 0 0 | |
| | b. Enter 50% of 23a subject to limitations | 0 0 | a – b = 23 0 0 |
| 24 | Utilities | 24 | 0 0 |
| 25 | Wages (before U.S. jobs credit) | 25 | 0 0 |
| 26 | Other expenses | 26 | 0 0 |
| 27 | Total expenses. Add lines 6 through 26 | 27 | 0 0 |
| 28 | Tentative profit or loss. Subtract line 27 from line 5 | 28 | 0 0 |
| 29 | Expenses for business use of your home | 29 | 0 0 |
| 30 | Abandoned Building Renovation Deduction | 30 | 0 0 |
| 31 | Net profit or loss. Subtract total of line 29 & line 30 from line 28. If a profit, enter here and on Form 1, line 6 or Form 1-NR/PY, line 8. If a loss, complete line 33 | 31 | 0 0 |
| 32 | Is interest (other than from Mass. banks) or dividend income reported on U.S. Sch. C, lines 1 and/or 6 or Sch. C-EZ, line 1? ◯ Yes ◯ No. If "yes," enter amount here and in Mass. Sch. B, line 3 | 32 | 0 0 |
| 33 | If you have a loss, fill in the oval that describes your investment in this activity. If you filled in 33a enter the loss on Form 1, line 6 or Form 1-NR/PY, line 8. If you filled in 33b, see instructions. | | ◯ 33a. All investment at risk.<br>◯ 33b. Some investment is not at risk. |

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

Method(s) used to value closing inventory: ◯ Cost ◯ Lower of cost or market ◯ Other (enclose explanation)

Was there any change in determining quantities, costs or valuations between opening and closing inventory? If yes, enclose explanation: ◯ Yes ◯ No

| | | | |
|---|---|---|---|
| 1 | Inventory at beginning of year (if different from last year's closing inventory, enclose explanation) | 1 | 0 0 |
| 2 | a. Purchases | 0 0 | |
| | b. Items withdrawn for personal use | 0 0 | a – b = 2 0 0 |
| 3 | Cost of labor (do not include salary paid to yourself) | 3 | 0 0 |
| 4 | Materials and supplies | 4 | 0 0 |
| 5 | Other costs (enclose statement) | 5 | 0 0 |
| 6 | Add lines 1 through 5 | 6 | 0 0 |
| 7 | Inventory at end of year | 7 | 0 0 |
| 8 | Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2 | 8 | 0 0 |