



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

2011

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: <input type="radio"/> Cash <input type="radio"/> Accrual			
<input type="radio"/> Other (specify) _____			

Did you materially participate in the operation of this business during 2011? (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 2011? ☐ 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		00		▼ If showing a loss, mark an X in box at left
	b. Returns and allowances		00	a - b = 1	<input checked="" type="checkbox"/>
2	Cost of goods sold and/or operations (Schedule C-1, line 8)	2			00
3	Gross profit. Subtract line 2 from line 1	3	<input checked="" type="checkbox"/>		00
4	Other income. Do not include interest income (other than from Mass. banks) and dividends	4			00
5	Total income. Add line 3 and line 4	5	<input checked="" type="checkbox"/>		00
6	Advertising	6			00
7	Bad debts from sales or services	7			00
8	Car and truck expenses	8			00
9	Commissions and fees	9			00
10	Depletion	10			00
11	Depreciation and Section 179 deduction	11			00
12	Employee benefit programs (other than in line 17)	12			00
13	Insurance (other than health)	13			00
14	Interest:				
	a. mortgage interest paid to financial institutions		00		
	b. other interest		00	a + b = 14	00
15	Legal and professional services	15			00
16	Office expense	16			00
17	Pension and profit-sharing plans	17			00

18	Rent or lease:									0	0	
a.	vehicles, machinery and equipment									0	0	
b.	other business property									0	0	
		a + b = 18										
19	Repairs and maintenance									0	0	
20	Supplies (not included on Schedule C-1)									0	0	
21	Taxes and licenses									0	0	
22	Travel									0	0	
23	a. Total meals and entertainment									0	0	
b.	Enter 50% of 23a subject to limitations									0	0	
		a - b = 23										
24	Utilities									0	0	
25	Wages (before U.S. jobs credit)									0	0	
26	Other expenses									0	0	
27	Total expenses. Add lines 6 through 26									0	0	
28	Tentative profit or loss. Subtract line 27 from line 5									0	0	
29	Expenses for business use of your home									0	0	
30	Abandoned Building Renovation Deduction									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									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? <input type="radio"/> Yes <input checked="" type="radio"/> No. If "yes," enter amount here and in Mass. Sch. B, line 3									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.											<input checked="" type="radio"/> 33a. All investment at risk. <input type="radio"/> 33b. Some investment is not at risk.

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