

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					2020	
FIRST NAME M.I. LAST NAME				SOCIAL SECU	RITY NUMBER OF	PROPRIETOR	
ISINESS NAME							
JSINESS NAME				EMPLOYER ID	ENTIFICATION NUI	MBER(if any)	
AIN BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE				PRINCIPAL BL	ISINESS CODE (fro	m U.S. Schedule C)	
AILING ADDRESS (no. & street; apt./suite/postal box). If you have a foreign address, also complete line beli	ow. CITY/TOWN				STATE Z	ZIP	
DREIGN PROVINCE/STATE/COUNTY	FOREIGN COUNTR	Y (OR COUNTRY CODE)		FOREIGN POS	TAL CODE	
NTER THE NUMBER OF EMPLOYEES							
ill in accounting method: Cash Accrual Other (specify)							
ill in if you claimed the small business exemption from the sales tax on purchase ill in if this income was reported to you on Form W-2 and the "Statutory employe ill in if interest or dividend reported on U.S. Schedule C, lines 1 and/or 6 or Scheon on tinclude interest and dividends in Schedule C, lines 1 and 4. Enter this amo	e" box on that form was edule C-EZ , line 1	checked					0
			0 0			V ! b 1-6	
1 a. Gross receipts or sales			0 0 a-b=		iliy a 1055, iliaik	an X in box at left	0
b. Returns and allowances			u b-				0
2 Cost of goods sold and/or operations (Schedule C-1, line 8)							A-1
3 Gross profit. Subtract line 2 from line 1				3 🔼 📙			0
4 Other income. Do not include interest income (other than from Ma	iss. banks) and divide	ends		4			0
5 Gross income. Add line 3 and line 4				$_{5}$ \boxtimes \bigsqcup			0
6 Advertising				6			0
7 Bad debts from sales or services				7			0
8 Car and truck expenses							0
9 a. Commissions and fees.			0 0	0			
							0
b. Contract Labor			~	b = 9			0
O Depletion							
1 Depreciation and Section 179 deduction				11			0
Employee benefit programs (other than in line 17)				12			0
13 Insurance (other than health)				13			0



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14	a. Mortgage interest paid to financial institutions			0 0		loss, mark an X in box at left	
	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	a. Vehicles, machinery and equipment			0 0			
	b. Other business property			0 0	a + b = 18		0 0
19	Repairs and maintenance						0 0
20	Supplies (not included on Schedule C-1)				20		0 0
21	Taxes and licenses						0 0
22	Travel						0 0
23	a. Total meals			0	0		
	b. Enter 50% of line 23 a (above) subject to limitations			O	0 a-b=23		0 0
24	Utilities				24		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	Profit or loss. Subtract total of line 29 and 30 from line 28. If a profit enter he	re and on line	34.				0 0
00	If a loss enter here and go to line 32						0 0
32	Deductible loss. If you have a loss on line 31 it may be limited. See line 33						0
33	Fill in the oval that describes your investment in this activity. If you filled in 3 on line 32 and go to line 35. If you filled in 33b, see instructions for line 32					investment at risk. me investment is not at ri	sk.
34	Profit from line 31				34		0 0
35	Total profit or loss. Combine lines 32 and 34				35		0 0
36	Allowable prior-year suspended PAL you are applying				36		0 0
37	Net profit or loss. Combine line 35 and 36. Enter here and on Form 1, line						0 0



FIRST NAME LAST NAME SOCIAL SECURITY NUMBER OF PROPRIETOR **Schedule C-1** Cost of Goods Sold and/or Operations Fill in method used to value closing inventory: Cost Cost or market Other (enclose explanation) Fill in and enclose explanation if there was any change in determining quantities, costs or valuations between opening and closing inventory. Fill in and enclose explanation if inventory at beginning of year is different from last year's closing inventory. 0 0 Inventory at beginning of year..... 1 0 0 a. Purchases 0 0 0 0 3 0 0 4 5 0 0 6 7 0 0