



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

2021

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)

MAILING ADDRESS (no. & street; apt./suite/postal box). If you have a foreign address, also complete line below. CITY/TOWN STATE ZIP

FOREIGN PROVINCE/STATE/COUNTRY FOREIGN COUNTRY (OR COUNTRY CODE) FOREIGN POSTAL CODE

ENTER THE NUMBER OF EMPLOYEES

Fill in accounting method: Cash Accrual Other (specify) _____

- Fill in if you materially participated in the operation of this business during 2021 (see line 33 instructions)
- Fill in if you started or acquired this business during 2021
- Fill in if you made any payments in 2021 that would require you to file Form(s) 1099
- Fill in if you **have any** suspended PAL **related to this** schedule. See instructions and line 36
- Fill in if you claimed the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2021
- Fill in if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked
- Fill in if interest or dividend reported on U.S. Schedule C, lines 1 and/or 6.

Do not include interest and dividends in Schedule C, lines 1 and 4. Enter this amount here and on Schedule B, line 3. See instructions. **00**

1	a. Gross receipts or sales	<input type="text"/> 00			<input type="radio"/>	
	b. Returns and allowances	<input type="text"/> 00	a - b = 1	<input checked="" type="checkbox"/>	<input type="text"/> 00	
2	Cost of goods sold and/or operations (Schedule C-1, line 8)	<input type="text"/>	2	<input checked="" type="checkbox"/>	<input type="text"/> 00	
3	Gross profit. Subtract line 2 from line 1	<input type="text"/>	3	<input checked="" type="checkbox"/>	<input type="text"/> 00	
4	Other income. Do not include interest income (other than from Mass. banks) and dividends	<input type="text"/>	4	<input checked="" type="checkbox"/>	<input type="text"/> 00	
5	Gross income. Add line 3 and line 4	<input type="text"/>	5	<input checked="" type="checkbox"/>	<input type="text"/> 00	
6	Advertising	<input type="text"/>	6	<input checked="" type="checkbox"/>	<input type="text"/> 00	
7	Bad debts from sales or services	<input type="text"/>	7	<input checked="" type="checkbox"/>	<input type="text"/> 00	
8	Car and truck expenses	<input type="text"/>	8	<input checked="" type="checkbox"/>	<input type="text"/> 00	
9	a. Commissions and fees	<input type="text"/> 00				
	b. Contract Labor	<input type="text"/> 00	a + b = 9	<input checked="" type="checkbox"/>	<input type="text"/> 00	
10	Depletion	<input type="text"/>	10	<input checked="" type="checkbox"/>	<input type="text"/> 00	
11	Depreciation and Section 179 deduction	<input type="text"/>	11	<input checked="" type="checkbox"/>	<input type="text"/> 00	
12	Employee benefit programs (other than in line 17)	<input type="text"/>	12	<input checked="" type="checkbox"/>	<input type="text"/> 00	
13	Insurance (other than health)	<input type="text"/>	13	<input checked="" type="checkbox"/>	<input type="text"/> 00	

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



SOCIAL SECURITY NUMBER

Social Security Number input boxes

Main form with lines 14-37 for reporting business expenses and profit/loss. Includes categories like mortgage interest, legal services, repairs, etc.

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

○ 33a. All investment at risk.
○ 33b. Some investment is not at risk.

