



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



SOCIAL SECURITY NUMBER

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		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>									
14	a. Mortgage interest paid to financial institutions	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>									
	b. Other interest	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								a + b = 14	<input checked="" type="checkbox"/>
15	Legal and professional services	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.15	<input checked="" type="checkbox"/>
16	Office expense	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.16	<input checked="" type="checkbox"/>
17	Pension and profit-sharing plans	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.17	<input checked="" type="checkbox"/>
18	a. Vehicles, machinery and equipment	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>									
	b. Other business property	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								a + b = 18	<input checked="" type="checkbox"/>
19	Repairs and maintenance	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.19	<input checked="" type="checkbox"/>
20	Supplies (not included on Schedule C-1)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.20	<input checked="" type="checkbox"/>
21	Taxes and licenses	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.21	<input checked="" type="checkbox"/>
22	Travel	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.22	<input checked="" type="checkbox"/>
23	a. Total meals	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>									
	b. Enter 50% of line 23a (above) subject to limitations	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								a - b = 23	<input checked="" type="checkbox"/>
24	Utilities	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.24	<input checked="" type="checkbox"/>
25	Wages (before U.S. jobs credit)	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.25	<input checked="" type="checkbox"/>
26	Other expenses	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.26	<input checked="" type="checkbox"/>
27	Total expenses. Add lines 6 through 26.	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.27	<input checked="" type="checkbox"/>
28	Tentative profit or loss. Subtract line 27 from line 5	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.28	<input checked="" type="checkbox"/>
29	Expenses for business use of your home	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.29	<input checked="" type="checkbox"/>
30	Abandoned Building Renovation Deduction	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.30	<input checked="" type="checkbox"/>
31	Profit or loss. Subtract total of line 29 and 30 from line 28. If a profit enter here and on line 34. If a loss enter here and go to line 32	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.31	<input checked="" type="checkbox"/>
32	Deductible loss. If you have a loss on line 31 it may be limited. See line 33.	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.32	<input checked="" type="checkbox"/>
33	Fill in the oval that describes your investment in this activity. If you filled in 33a enter the loss on line 32 and go to line 35. If you filled in 33b, see instructions for line 32 entry and go to line 35.										
	<div></div> 33a. All investment at risk.										
	<div></div> 33b. Some investment is not at risk.										
34	Profit from line 31.	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.34	<input checked="" type="checkbox"/>
35	Total profit or loss. Combine lines 32 and 34	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.35	<input checked="" type="checkbox"/>
36	Allowable prior-year suspended PAL you are applying	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.36	<input checked="" type="checkbox"/>
37	Net profit or loss. Combine line 35 and 36. Enter here and on Form 1, line 6a or Form 1 NR/PY, line 8a	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>								.37	<input checked="" type="checkbox"/>

M.I. 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 ☐ Lower of 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

1	Inventory at beginning of year1	
2	a. Purchases		
	b. Items withdrawn for personal use	a - b = 2	
3	Cost of labor (do not include salary paid to yourself)3	
4	Materials and supplies4	
5	Other costs (enclose statement)5	
6	Add lines 1 through 56	
7	Inventory at end of year7	
8	Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 28	