# DO NOT FILE THIS DRAFT FORM

## Your return will not be processed and will delay your refund

Draft forms are provided as a courtesy and are subject to change before final forms are officially released. Do not file DRAFT forms.

You can submit comments about draft or final forms, instructions, or publications at dorforms@dor.state.ma.us. We cannot respond to all comments due to the high volume we receive and may not be able to consider many suggestions until a subsequent revision.

Massachusetts tax forms are available at mass.gov/dor/forms.

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 2017

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 2017? (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 2017? . . . . . ⬭ 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 | 00 | |
| | b. Returns and allowances | 00 | a – b = 1 ☐ 00 |
| 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 | | ☐ 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 | | ☐ 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 |

SOCIAL SECURITY NUMBER

| | | |
|---|---|---|
| 18 | Rent or lease:<br>a. vehicles, machinery and equipment | 00 |
| | b. other business property | 00 |
| | a + b = 18 | 00 |
| 19 | Repairs and maintenance . . . 19 | 00 |
| 20 | Supplies (not included on Schedule C-1) . . . 20 | 00 |
| 21 | Taxes and licenses . . . 21 | 00 |
| 22 | Travel . . . 22 | 00 |
| 23 | a. Total meals and entertainment | 00 |
| | b. Enter 50% of 23a subject to limitations | 00 |
| | a – b = 23 | 00 |
| 24 | Utilities . . . 24 | 00 |
| 25 | Wages (before U.S. jobs credit) . . . 25 | 00 |
| 26 | Other expenses . . . 26 | 00 |
| 27 | Total expenses. Add lines 6 through 26 . . . 27 | 00 |
| 28 | Tentative profit or loss. Subtract line 27 from line 5 . . . 28 | 00 |
| 29 | Expenses for business use of your home . . . 29 | 00 |
| 30 | Abandoned Building Renovation Deduction . . . 30 | 00 |
| 31 | Net profit or loss. Subtract total of line 29 and line 30 from line 28. If a profit, enter here and on Form 1, line 6a or Form 1-NR/PY, line 8a. If a loss, complete line 33. . . . 31 | 00 |
| 32 | Is interest (other than from Massachusetts banks) or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1? ◯ Yes ◯ No. If Yes, see instructions . . . 32 | 00 |
| 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 6a or Form 1-NR/PY, line 8a. 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 | 00 |
| 2 | a. Purchases | 00 |
| | b. Items withdrawn for personal use | 00 |
| | a – b = 2 | 00 |
| 3 | Cost of labor (do not include salary paid to yourself) . . . 3 | 00 |
| 4 | Materials and supplies . . . 4 | 00 |
| 5 | Other costs (enclose statement) . . . 5 | 00 |
| 6 | Add lines 1 through 5 . . . 6 | 00 |
| 7 | Inventory at end of year . . . 7 | 00 |
| 8 | Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2 . . . 8 | 00 |