



Charles Village Tax Service Inc

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SCHEDULE C Profit or Loss from Business

Name of Owner / Proprietor _____
 Social Security / EIN Number _____
 Principal business or profession _____
 Business Name (If no separate name, leave blank) _____

Business Address _____

 Street

City, State, & Zip Code

Did you "materially participate" in the operation of this business during? YES NO
 Did you start or acquired this business during tax year? YES NO

Income

Gross receipts or sales _____
 Returns and allowances _____

Expenses

| | | | |
|------------------------------------|-------|-------------------------------------|-------|
| Advertising..... | _____ | Pension & Profit-sharing Plans..... | _____ |
| Car & Truck Expenses..... | _____ | Rent or Lease..... | _____ |
| Commissions & Fees..... | _____ | Vehicles, Machinery, & Equipment... | _____ |
| Contract Labor..... | _____ | Other Business Property..... | _____ |
| Depletion..... | _____ | Repairs & Maintenance..... | _____ |
| Insurance (other than health)..... | _____ | Supplies..... | _____ |
| Interest..... | _____ | Taxes & Licenses..... | _____ |
| Mortgage (paid to banks)..... | _____ | Travel, Meals, & Entertainment..... | _____ |
| Other..... | _____ | Travel..... | _____ |
| Legal & Professional Services... | _____ | Deductible Meals & Entertainment... | _____ |
| Office Expense..... | _____ | Utilities..... | _____ |

Other Expenses

Cost of Goods Sold

Method(s) used to value closing inventory: Cost Lower of Cost or Market Other
 Materials and supplies: _____
 Other costs: _____

Information on Your Vehicle

When did you place your vehicle in service for business purposes? _____

Of the total number of miles you drove your vehicle during _____ tax year,

Enter the number of miles you used your vehicle for:

a. Business _____ b. Commuting _____ c. Other _____

Vehicle make, model, and year _____

Do you (or your spouse) have another vehicle available for personal use? YES NO

Was your vehicle available for personal use during off-duty hours? YES NO

Do you have evidence to support your deduction? YES NO

If "yes" is the evidence written? YES NO

All information provided must be accurate for correct preparation of all tax returns.

Charles Village Tax Service Inc. assumes no responsibilities for any audits.

Charles Village Tax Service Inc. can assume no responsibility of errors regarding inaccurate information provided by the taxpayer nor assume liability for penalties (IRS or Any State) or inconsistencies in tax laws.

I read, understand and agree to the above:

Taxpayer Signature / Date

Spouse Signature / Date