

**SCHEDULE C**  
**(Form 1040 or 1040-SR)**

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2019**

Attachment Sequence No. **09**

Department of the Treasury  
Internal Revenue Service (99)

▶ Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor: **PPP Paul 1099 Sole Proprietor**

Social security number (SSN): **XXX-XX-0007**

**A** Principal business or profession, including product or service (see instructions):  
**Hard Working Small Business**

**B** Enter code from instructions:  
▶ **238210**

**C** Business name. If no separate business name, leave blank.  
**I Will Survive Electic**

**D** Employer ID number (EIN) (see instr.):  
**83-1234567**

**E** Business address (including suite or room no.)  
City, town or post office, state, and ZIP code

**F** Accounting method: (1)  Cash (2)  Accrual (3)  Other (specify) ▶

**G** Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses ...  Yes  No

**H** If you started or acquired this business during 2019, check here ...  Yes  No

**I** Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) ...  Yes  No

**J** If "Yes," did you or will you file required Forms 1099? ...  Yes  No

**Part I Income**

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	80,000.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	80,000.
4	Cost of goods sold (from line 42)		4	
5	<b>Gross profit.</b> Subtract line 4 from line 3		5	80,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	<b>Gross income.</b> Add lines 5 and 6		7	80,000.

**Part II Expenses.** Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	500.	18	Office expense (see instructions)	18	12,000.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	300.	20	Rent or lease (see instructions):	20a	220.
11	Contract labor (see instructions)	11	2,300.		a Vehicles, machinery, and equipment	20b	
12	Depletion	12			b Other business property	21	200.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	22	15,000.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	23	
15	Insurance (other than health)	15	500.	23	Taxes and licenses	24	
16	Interest (see instr.):			24	Travel and meals:	24a	
	a Mortgage (paid to banks, etc.)	16a			a Travel	24b	50.
	b Other	16b		25	Deductible meals (see instructions)	25	1,200.
17	Legal and professional services	17	300.	26	Utilities	26	
18	Office expense (see instructions)	18	12,000.	27a	Wages (less employment credits)	27a	6,306.
19	Pension and profit-sharing plans	19		27b	Other expenses (from line 48)	27b	
20	Rent or lease (see instructions):			28	<b>Reserved for future use</b>	28	38,876.
	a Vehicles, machinery, and equipment	20a	220.	29		29	41,124.
	b Other business property	20b		30		30	
21	Repairs and maintenance	21	200.	31		31	41,124.
22	Supplies (not included in Part III)	22	15,000.				
23	Taxes and licenses	23					
24	Travel and meals:						
	a Travel	24a					
	b Deductible meals (see instructions)	24b	50.				
25	Utilities	25	1,200.				
26	Wages (less employment credits)	26					
27a	Other expenses (from line 48)	27a	6,306.				
27b	Reserved for future use	27b					
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	28	38,876.				
29	Tentative profit or (loss). Subtract line 28 from line 7	29	41,124.				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 and (b) the part of your home used for business: _____	30					
31	<b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	31	41,124.				
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.		

<b>Part III Cost of Goods Sold</b> (see instructions)	
33 Method(s) used to value closing inventory:    a <input type="checkbox"/> Cost    b <input type="checkbox"/> Lower of cost or market    c <input type="checkbox"/> Other (attach explanation)	
34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> if "Yes," attach explanation .....	
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation .....	35
36 Purchases less cost of items withdrawn for personal use .....	36
37 Cost of labor. Do not include any amounts paid to yourself .....	37
38 Materials and supplies .....	38
39 Other costs .....	39
40 Add lines 35 through 39 .....	40
41 Inventory at end of year .....	41
42 <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 .....	42

**Part IV Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month, day, year)    ▶ \_\_\_\_\_
- 44 Of the total number of miles you drove your vehicle during 2019, enter the number of miles you used your vehicle for:
- a Business \_\_\_\_\_    b Commuting (see instructions) \_\_\_\_\_    c Other \_\_\_\_\_
- 45 Was your vehicle available for personal use during off-duty hours?  Yes     No
- 46 Do you (or your spouse) have another vehicle available for personal use?  Yes     No
- 47a Do you have evidence to support your deduction?  Yes     No
- b If "Yes," is the evidence written?  Yes     No

<b>Part V Other Expenses.</b> List below business expenses not included on lines 8-26 or line 30.	
Accounting	1,200.
Bank Charges	120.
Dues and Subscriptions	3,000.
Janitorial	1,000.
Parking and Tolls	56.
Postage	50.
Printing	50.
Telephone	830.
<b>48 Total other expenses.</b> Enter here and on line 27a .....	<b>48</b> 6,306.