



Schedule C: Mass. Profit or (Loss) from Business

Massachusetts Department of Revenue

1996

Name(s) of proprietor	For use with Form 2 only	Social Security number of proprietor
A Main business or profession, including product or service:		B Employer identification number
C Business name and address:		
E Accounting method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		D Principal business code (from U.S. Sch. C)
F Did you "materially participate" in the operation of this business during 1996? (If "no," see line 33)		<input type="checkbox"/> Yes <input type="checkbox"/> No
G Did you claim the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 1996?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes," how many employees did you have? <input type="text"/> Number of employees		

Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, check here

1 a. Gross receipts or sales. Exclude interest and dividends taxed at 12%	1a	<input type="text"/>		
b. Returns and allowances	1b	<input type="text"/>		
c. Subtract line 1b from line 1a and enter the result here	1c	<input type="text"/>		
2 Cost of goods sold and/or operations (Schedule C-1, line 8)	2	<input type="text"/>		
3 Subtract line 2 from line 1 and enter the gross profit here	3	<input type="text"/>		
4 Other income (attach schedule). Exclude interest and dividends taxed at 12%	4	<input type="text"/>		
5 Add line 3 and line 4. This is the total income	5	<input type="text"/>		
6 Advertising	6	<input type="text"/>		
7 Bad debts from sales or services	7	<input type="text"/>		
8 Car and truck expenses	8	<input type="text"/>		
9 Commissions and fees	9	<input type="text"/>		
10 Depletion	10	<input type="text"/>		
11 Depreciation and Section 179 deduction. Attach U.S. Form 4562 (not included in Schedule C-1)	11	<input type="text"/>		
12 Employee benefit programs (other than in line 17)	12	<input type="text"/>		
13 Insurance (other than health)	13	<input type="text"/>		
14 Interest				
a. Mortgage (paid to financial institution)	14a	<input type="text"/>		
b. Other interest	14b	<input type="text"/>		
15 Legal and professional services	15	<input type="text"/>		
16 Office expense	16	<input type="text"/>		
17 Pension and profit-sharing plans	17	<input type="text"/>		
18 Rent or lease:				
a. Vehicles, machinery and equipment	18a	<input type="text"/>		
b. Other business property	18b	<input type="text"/>		
19 Repairs and maintenance	19	<input type="text"/>		
20 Supplies (not included on Schedule C-1)	20	<input type="text"/>		
21 Taxes and licenses	21	<input type="text"/>		
22 Travel	22	<input type="text"/>		
23 a. Meals and entertainment	23a	<input type="text"/>		
b. Enter 20% of line 23a subject to limitations	23b	<input type="text"/>		
c. Subtract line 23b from line 23a	23c	<input type="text"/>		
24 Utilities	24	<input type="text"/>		
25 Wages (before U.S. jobs credit)	25	<input type="text"/>		
26 Other expenses (specify type and amount):	26	<input type="text"/>		
27 Total expenses. Add lines 6 through 26	27	<input type="text"/>		
28 Tentative profit (loss). Subtract line 27 from line 5	28	<input type="text"/>		
29 Expenses for business use of your home (attach U.S. Form 8829)	29	<input type="text"/>		
30 Abandoned Building Renovation Deduction (attach statement — see instructions)	30	<input type="text"/>		
31 Net profit or (loss). Subtract total of lines 29 & 30 from line 28. If a profit, enter here and on Form 2, line 14. If a loss, complete line 33	31	<input type="text"/>		
32 Is 12% interest or dividend income reported on U.S. Schedule C, lines 1 and/or 6 or Schedule C-EZ, line 1? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "yes," enter such income here and in Massachusetts Schedule B, line 3	32	<input type="text"/>		
33 If you have a loss, you must check the box that describes your investment in this activity (see instructions). If you checked 33a, enter the loss on Form 2, line 14. If you checked 33b, see instructions.				
	<input type="checkbox"/> 33a	All investment at risk.		
	<input type="checkbox"/> 33b	Some investment not at risk.		

Schedule C-1: Cost of Goods Sold and/or Operations

A Method(s) used to value closing inventory: <input type="checkbox"/> Cost <input type="checkbox"/> Lower of cost or market <input type="checkbox"/> Other (attach explanation) <input type="checkbox"/> Does not apply (if checked, skip line B)	
B Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "yes," attach explanation	<input type="checkbox"/> Yes <input type="checkbox"/> No
1 Inventory at beginning of year (if different from last year's closing inventory, attach explanation)	1
2 a. Purchases	2a
b. Cost of items withdrawn for personal use	2b
Subtract line 2b from line 2a and enter the result here	2
3 Cost of labor (do not include salary paid to yourself)	3
4 Materials and supplies	4
5 Other costs (attach schedule)	5
6 Add lines 1 through 5	6
7 Inventory at end of year	7
8 Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2	8