

Profit or Loss from Business

Name:

Tax ID:

General Information

Principal business product or profession Business code NAICS

Employer I.D. number

Business name

Business address

City

U.S. Only State, ZIP

Foreign Only Province/State, Country, Postal Code

Accounting method, if not cash Accrual Other

Inventory method, if not cost Lower of Cost or Market Other

Change of inventory method Yes No

You started or acquired this business during the year

Some investment is NOT at risk

You disposed of this property during the year

Did you make any payments that would require you to file Form(s) 1099? If Yes No

"Yes," did you or will you file all required Forms 1099? Yes No

Other Information

Type of Business

Single Owner LLC Multi member LLC C Corporation S Corporation

Income

Gross receipts or sales

Returns and allowances

Other income

Cost of Goods Sold

Inventory at beginning of the year

Purchases (less cost of items withdrawn for personal use)

Cost of labor

Materials and supplies

Other costs (list on detail worksheet)

Inventory at end of year

