

1 Preparer use only

	2020 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	BOTE LANDOK [5]	
Principal business/profession	SAMPLE [6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 1040		
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	[19]	-
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	[22]	-
If other enter explanation:	[24]	
Enter an explanation if there was a change in determining your inventory:	[25]	
Did you "materially participate" in this business? (Y, N)	[26]	-
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2020	[30]	
Did you make any payments in 2020 that require you to file Form(s) 1099? (Y, N)	[31]	-
If "Yes", did you or will you file all required Forms 1099? (Y, N)	[33]	-
Mark if this business is considered related to qualified services as a minister or religious worker	[35]	-
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[37]	-
Medical insurance premiums paid by this activity	+ [40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	

Business Income

	2020 Information	Prior Year Information
Gross receipts and sales		
_____	+ _____ [52]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Returns and allowances	+ _____ [55]	
Other income:		
_____	+ _____ [57]	
_____	+ _____	
_____	+ _____	
_____	+ _____	

Cost of Goods Sold

	2020 Information	Prior Year Information
Beginning inventory	+ _____ [59]	
Purchases	+ _____ [61]	
Labor:		
_____	+ _____ [63]	
_____	+ _____	
Materials	+ _____ [65]	
Other costs:		
_____	+ _____ [67]	
_____	+ _____	
_____	+ _____	
_____	+ _____	
Ending inventory	+ _____ [69]	

Control Totals +

BUSINESS

Schedule C - Expenses

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Principal business or profession SAMPLE

2020 Information

Prior Year Information

Advertising	+ _____ [6]	_____
Car and truck expenses	+ _____ [8]	_____
Commissions and fees	+ _____ [10]	_____
Contract labor	+ _____ [12]	_____
Depletion	+ _____ [14]	_____
Depreciation	+ _____ [16]	_____
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		_____
	+ _____ [18]	_____
	+ _____	_____
Insurance (Other than health):		_____
	+ _____ [20]	_____
	+ _____	_____
Interest:		_____
Mortgage (Paid to banks, etc.)		_____
	+ _____ [22]	_____
	+ _____	_____
	+ _____	_____
Other:		_____
	+ _____ [24]	_____
	+ _____	_____
Legal and professional services	+ _____ [26]	_____
Office expense	+ _____ [29]	_____
Pension and profit sharing:		_____
	+ _____ [31]	_____
	+ _____	_____
Rent or lease:		_____
Vehicles, machinery, and equipment	+ _____ [33]	_____
Other business property	+ _____ [35]	_____
Repairs and maintenance	+ _____ [37]	_____
Supplies	+ _____ [39]	_____
Taxes and licenses:		_____
	+ _____ [41]	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____
Travel and meals:		_____
Travel	+ _____ [43]	_____
Meals (Enter 100% subject to 50% limitation)	+ _____ [45]	_____
Meals (Enter 100% subject to DOT 80% limit)	+ _____ [47]	_____
Utilities	+ _____ [51]	_____
Wages (Less employment credit):		_____
	+ _____ [53]	_____
	+ _____	_____
Other expenses:		_____
	+ _____ [55]	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____
	+ _____	_____

Control Totals +

BUSINESS