SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

OMB No. 1545-0074 Attachment Sequence No. **09**

	tment of the Treasury al Revenue Service (99)		• • •	➤ See Instructions for Schedule (Attachment Sequence N	lo. 09		
Name	e of proprietor				Social securi	ty number (SSN)			
	Principal business or profession	includi	ing product or convice (co.	nage C 1 of the instructions)	D. Foton and		7.0.0		
А	Principal business of profession	i, iriciudi	ing product of service (see	page C-1 of the instructions)	B Enter code	e from pages C-	/ & 8 		
С	Business name. If no separate	business	name, leave blank.		D Employer	ID number (EIN),	if any		
Ε	, ,		•						
	City, town or post office, state,								
F		Cash		(3) ☐ Other (specify) ►					
G H				uring 2000? If "No," see page C-2 f					
	rt I Income	, G 5111033	daming 2000, check here .		<u> </u>				
1		If this i	ncomo was roportod to volu	on Form W-2 and the "Statutory	_				
'	employee" box on that form wa				1				
2	Returns and allowances								
3	Subtract line 2 from line 1 .								
4	Cost of goods sold (from line 4:	2 on pag	ge 2)		. 4				
_			_		5				
5 6	-			it or refund (see page C-2)					
0	Other income, including redera	i aliu Sia	ate gasonne or ruer tax crec	in or rerund (see page C-2)	.				
7	Gross income. Add lines 5 and	16.			> 7				
Pa	rt II Expenses. Enter ex	penses	for business use of yo	our home only on line 30.					
8	Advertising	8		19 Pension and profit-sharing plans	s 19				
9	Bad debts from sales or			20 Rent or lease (see page C-4):					
	services (see page C-3)	9		a Vehicles, machinery, and equipment					
10	Car and truck expenses	10		b Other business property .					
11	(see page C-3)	11		21 Repairs and maintenance .22 Supplies (not included in Part III)					
11 12	Depletion	12		23 Tayes and licenses	23				
13	Depreciation and section 179			24 Travel, meals, and entertainment	ent:				
13	expense deduction (not included			a Travel	24a				
	in Part III) (see page C-3)	13		b Meals and					
14	Employee benefit programs			entertainment					
	(other than on line 19)	14		c Enter nondeduct- ible amount in-					
15	Insurance (other than health).	15		cluded on line 24b					
16	Interest:	16a		(see page C-5) . L	24d				
a b	Mortgage (paid to banks, etc.) . Other	16b		d Subtract line 24c from line 24b 25 Utilities	25				
17	Legal and professional			26 Wages (less employment credits)					
	services	17		27 Other expenses (from line 48 o					
18	Office expense	18		page 2)	. 27				
28	Total expenses before expense	es for bu	usiness use of home. Add li	nes 8 through 27 in columns .	▶ 28				
	T				29				
29	Tentative profit (loss). Subtract				30				
30 31	Expenses for business use of y Net profit or (loss). Subtract lii				.				
J 1	• If a profit, enter on Form 104)							
	see page C-5). Estates and trus	31							
	• If a loss, you must go to line	J							
32	If you have a loss, check the box that describes your investment in this activity (see page C-5).								
	• If you checked 32a, enter the	>	Il investment is						
	(statutory employees, see page C-5). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198 .					ome investment t risk.	t is not		

Schedule C (Form 1040) 2000 Page 2

Pa	rt III Cost of Goods Sold (see page C-6)								
33	Method(s) used to value closing inventory: a \square Cost b \square Lower of cost or market c	Other (attach expla	anation)						
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 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 Pa	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 Information on Your Vehicle. Complete this part only if you are claiming line 10 and are not required to file Form 4562 for this business. See the in C-3 to find out if you must file.								
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 2000, enter the number of miles you used your vehicle for:								
а	Business b Commuting c Other	r							
45	Do you (or your spouse) have another vehicle available for personal use?	🗆 Yes	☐ No						
46	Was your vehicle available for use during off-duty hours?	🗌 Yes	☐ No						
47a	Do you have evidence to support your deduction?	🗌 Yes	☐ No						
b Pa	rt V Other Expenses. List below business expenses not included on lines 8–26	or line 30.	□ No						
48	Total other expenses. Enter here and on page 1, line 27	48							