

|      |      |    |                              |  |    |
|------|------|----|------------------------------|--|----|
| 2002 | 1040 | US | Business Income (Schedule C) | No. <input style="width:30px;" type="text"/> | 16 |
|------|------|----|------------------------------|--|----|

Please enter all pertinent 2002 amounts. Last year's amounts are provided for your reference.

### GENERAL INFORMATION

|                                      |  |
|--------------------------------------|--|
| Principal business/profession .....  |  |
| Principal business code .....        |  |
| Business name .....                  |  |
| Business address .....               |  |
| Business city, state, ZIP code ..... |  |
| Employer identification number ..... |  |
| Other accounting method .....        |  |

|  |  |  |
|--|--|--|
| Accounting method: 1=cash, 2=accrual .....           |  |  |
| Inventory method: 1=cost, 2=lower c/m, 3=other ..... |  |  |
| 1=change of inventory method .....                   |  |  |
| 1=spouse, 2=joint .....                              |  |  |
| 1=first Schedule C filed for this business .....     |  |  |
| 1=W-2 earnings as statutory employee .....           |  |  |
| 1=not subject to self-employment tax .....           |  |  |
| 1=did not "materially participate" .....             |  |  |
| 1=investment .....                                   |  |  |

### INCOME

|   | 2002 Amount | 2001 Amount |
|---|-------------|-------------|
| Gross receipts or sales (Form 1099-MISC, box 7) ..... |             |             |
| Returns and allowances .....                          |             |             |
| Other income:   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |
| _____   |             |             |

### COST OF GOODS SOLD

|  |  |  |
|--|--|--|
| Inventory at beginning of the year ..... |  |  |
| Purchases .....                          |  |  |
| Cost of items for personal use .....     |  |  |
| Cost of labor .....                      |  |  |
| Materials and supplies .....             |  |  |
| Other costs:                             |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| _____                                    |  |  |
| Inventory at end of the year .....       |  |  |

