# SCHEDULE C-EZ (Form 1040)

# **Net Profit From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2016

Attachment

Department of the Treasury Internal Revenue Service (99) Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.
 ► Attach to Form 1040, 1040NR, or 1041.
 ► See instructions on page 2.

Attachment Sequence No. **09A** 

Name of proprietor

Social security number (SSN)

| Part            | General Inform   | ation  |                              |  |  |   |         |                |  |
|-----------------|--|--|------------------------------|--|--|---|---------|----------------|--|
| So<br>In:<br>So | ou May Use<br>chedule C-EZ<br>stead of<br>chedule C<br>nly If You:   | <ul> <li>Had business expenses of \$5,000 or less,</li> <li>Use the cash method of accounting,</li> <li>Did not have an inventory at any time during the year,</li> <li>Did not have a net loss from your business,</li> <li>Had only one business as either a sole proprietor, qualified joint venture, or statutory employee,</li> </ul> | And You:                     | <ul> <li>Had no employ</li> <li>Do not deduct use of your ho</li> <li>Do not have propassive activity business, and</li> <li>Are not require Depreciation at this business. Schedule C, lirmust file.</li> </ul> | expenses<br>me,<br>rior year ur<br>y losses fro<br>ed to file <b>Fo</b><br>nd Amortiz<br>See the ins | for busing nallowed om this orm 4562 zation, for structions | ess     |                |  |
| A               | Principal business or profession, including product or service   |  |                              |  |  | B Enter business code (see page 2)                          |         |                |  |
| C               | Business name. If no separate business name, leave blank.  |  |                              |  | Enter yo   | our EIN (s  | ee page | ⊥<br>∋ 2)<br>⊢ |  |
| E E             | Business address (including  | suite or room no.). Address not required if sa   | me as on page 1 of yo        | our tax return.  |  |   |         |                |  |
| Ō               | City, town or post office, sta   | te, and ZIP code   |                              |  |  |   |         |                |  |
|                 |  | ents in 2016 that would require you to file  | . ,                          |  |  | ☐ Yes   | No      | o              |  |
| G               | f "Yes," did you or will yo  | ou file required Forms 1099?   |                              |  |  | Yes   | ☐ No    |                |  |
| Part            | <u> </u>   |  |                              |  |  |   |         |                |  |
| 1               | Gross receipts. Caution: If this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked, see <i>Statutory employees</i> in the instructions for Schedule C, line 1, and check here   |  |                              |  |  |   |         |                |  |
| 2               | Total expenses (see page 2). If more than \$5,000, you must use Schedule C   |  |                              |  |  |   |         |                |  |
| 3               | Net profit. Subtract line 2 from line 1. If less than zero, you must use Schedule C. Enter on both Form 1040, line 12, and Schedule SE, line 2, or on Form 1040NR, line 13, and Schedule SE, line 2 (see page 2). (Statutory employees do not report this amount on Schedule SE, line 2.) Estates and trusts, enter on Form 1041, line 3 |  |                              |  |  |   |         |                |  |
| Part            | III Information on   | Your Vehicle. Complete this part or  | າໄ <b>y</b> if you are clain | ning car or truc   | k expen  | ses on  | ine 2.  |                |  |
| 4               | When did you place yo  | ur vehicle in service for business purpose   | es? (month, day, ye          | ar) <b>&gt;</b>  |  | ·   |         |                |  |
| 5               | Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:  |  |                              |  |  |   |         |                |  |
| а               | Business   | <b>b</b> Commuting (see page 2)  |                              | <b>c</b> Other   |  |   |         |                |  |
| 6               | Was your vehicle availa  | ble for personal use during off-duty hou   | rs?                          |  | [  | Yes   | □No     | )              |  |
| 7               | Do you (or your spouse   | ) have another vehicle available for person  | onal use?                    |  | [  | Yes   | □No     | )              |  |
| 82              | Do you have evidence t   | to support your deduction?   |                              |  | 1  | Ves   |         | `              |  |

☐ Yes

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# Instructions

**Future developments.** For the latest information about developments related to Schedule C-EZ (Form 1040) and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/schedulecez*.



Before you begin, see General Instructions in the 2016 Instructions for Schedule C.

You can use Schedule C-EZ instead of Schedule C if:

- You operated a business or practiced a profession as a sole proprietorship or qualified joint venture, or you were a statutory employee, and
- You have met all the requirements listed in Schedule C-EZ, Part I.

For more information on electing to be taxed as a qualified joint venture (including the possible social security benefits of this election), see *Qualified Joint Venture* in the Instructions for Schedule C. You can also go to IRS.gov and enter "qualified joint venture" in the search box.

# Line A

Describe the business or professional activity that provided your principal source of income reported on line 1. Give the general field or activity and the type of product or service.

# Line B

Enter the six-digit code that identifies your principal business or professional activity. See the Instructions for Schedule C for the list of codes.

# Line D

Enter on line D the employer identification number (EIN) that was issued to you and in your name as a sole proprietor. If you are filing Form 1041, enter the EIN issued to the estate or trust. Do not enter your SSN. Do not enter another taxpayer's EIN (for example, from any Forms 1099-MISC that you received). If you do not have an EIN, leave line D blank.

You need an EIN only if you have a qualified retirement plan or are required to file an employment, excise, alcohol, tobacco, or firearms tax return, are a payer of gambling winnings, or are filing Form 1041 for an estate or trust. If you need an EIN, see the Instructions for Form SS-4.

Single-member LLCs. If you are the sole owner of an LLC that is not treated as a separate entity for federal income tax purposes, enter on line D the EIN that was issued to the LLC (in the LLC's legal name) for a qualified retirement plan, to file employment, excise, alcohol, tobacco, or firearms returns, or as a payer of gambling winnings. If you do not have such an EIN, leave line D blank.

#### Line E

Enter your business address. Show a street address instead of a box number. Include the suite or room number, if any.

#### I ine F

See the instructions for Schedule C, line I, to help determine if you are required to file any Forms 1099.

#### Line 1

Enter gross receipts from your trade or business. Include amounts you received in your trade or business that were properly shown on Form 1099-MISC. If the total amounts that were reported in box 7 of Forms 1099-MISC are more than the total you are reporting on line 1, attach a statement explaining the difference. You must show all items of taxable income actually or constructively received during the year (in cash, property, or services). Income is constructively received when it is credited to your account or set aside for you to use. Don't offset this amount by any losses.

#### Line 2

Enter the total amount of all deductible business expenses you actually paid during the year. Examples of these expenses include advertising, car and truck expenses, commissions and fees, insurance, interest, legal and professional services, office expenses, rent or lease expenses, repairs and maintenance, supplies, taxes, travel, the allowable percentage of business meals and entertainment, and utilities (including telephone). For details, see the instructions for Schedule C, Parts II and V. You can use the optional worksheet below to record your expenses. Enter on lines **b** through **f** the type and amount of expenses not included on line **a**.

If you claim car or truck expenses, be sure to complete Schedule C-EZ, Part III.

#### Line 3

Nonresident aliens using Form 1040NR should also enter the total on Schedule SE, line 2, if you are covered under the U.S. social security system due to an international social security agreement currently in effect. See the Instructions for Schedule SE for information on international social security agreements.

# Line 5b

Generally, commuting is travel between your home and a work location. If you converted your vehicle during the year from personal to business use (or vice versa), enter your commuting miles only for the period you drove your vehicle for business. For information on certain travel that is considered a business expense rather than commuting, see the Instructions for Form 2106.

|   | Optional Worksheet for Line 2 (keep a copy for your records)                       |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| а | Deductible meals and entertainment (see the instructions for Schedule C, line 24b) | а |  |  |  |  |  |
| b |  | b |  |  |  |  |  |
| С |  | С |  |  |  |  |  |
| d |  | d |  |  |  |  |  |
| е |  | е |  |  |  |  |  |
| f |  | f |  |  |  |  |  |
| g | Total. Add lines a through f. Enter here and on line 2                             | g |  |  |  |  |  |