## SCHEDULE C (Form 1040)

Name of proprietor

## **Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

09

Department of the Treasury Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information. Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Attachment Sequence No.

- -	JOHN M ZINDORF								
Α	Principal business or profession, in CAR WASH	ncludin	g product or service (see i	nstruc	ctions)				
C	Business name. If no separate business name, leave blank.  JAMESTOWN CAR WASH								ID number (EIN) (see instr.)
E	Business address (including suite		nno.) ▶ 34 W W	ASH	TNGTON ST				
	City, town or post office, state, and	ZIP co	ode <b>JAMEST</b>			2 5			
F	Accounting method: (1)	X Ca	sh (2) Accrual	(3)	Other (specify)	-			
G	Did you "materially participate" in the	ne ope	ation of this business duri	na 20.	18? If "No," see instructions for limit of	n lo			X Yes No
Н	If you started or acquired this busin	ness du	ring 2018, check here			11 10:	5565		X Yes No
I	Did you make any payments in 20	8 that	would require you to file F	orm(s	) 1099? (see instructions)			• • • •	Yes X No
J	If "Yes," did you or will you file requ	ired Fo	orms 1099?	(-,					Yes No
F	Part I Income								165   NO
1	Gross receipts or sales. See instru-	ctions 1	or line 1 and check the bo	x if thi	s income was reported to you on				
	Form W-2 and the "Statutory emplo	yee" b	ox on that form was check	ed	·····		П	1	23,640
2	Returns and allowances	uu vana						2	23,020
3	Subtract line 2 from line 1						••	3	23,640
4	Cost of goods sold (from line 42)							4	
5	Gross profit. Subtract line 4 from I	ine 3					3	5	23,640
6	Other income, including federal and state	gasolin	e or fuel tax credit or refund (s	ee instr	ructions)	••••	••	6	
7	Gross income. Add lines 5 and 6						· ·	7	23,640
CALDICAL	art II Expenses. Enter ex	pense	s for business use o	your	r home only on line 30.	nieme pro-			
8	Advertising	8		18	Office expense (see instructions)			18	
9	Car and truck expenses (see		r	19	Pension and profit-sharing plans			19	
	instructions)	9	2,887	20	Rent or lease (see instructions):		.		
10	Commissions and fees	10		а	the state of the s	nt	Th' Millianne	20a	
11	Contract labor (see instructions)	11		b	Other business property			20b	
12	Depletion	12		21	Repairs and maintenance		1	21	1,297
13	Depreciation and section 179 expense deduction (not			22	Supplies (not included in Part III)		1	22	2,310
	included in Part III) (see			23	Taxes and licenses			23	1,296
	instructions)	13		24	I ravel and meals:		The same of the sa		
14	Employee benefit programs			а	Travel		. L	24a	
15	(other than on line 19)	14	4 0 10	b	Deductible meals (see				
16	Insurance (other than health) Interest (see instructions):	15	1,249	10000	instructions)		.	24b	
a	Mortgage (paid to banks, etc.)	40	ю.	25	Ountes		.	25	5,022
b	Other	16a		26	Wages (less employment credits)		.	26	
	Outer	16b							
17	Legal and professional services	47	200		Other expenses (from line 48)			27a	
28	Total expenses before expenses for	17	300	<u>b</u>			-	27b	
29	Tentative profit or (loss). Subtract lin	28 fr	os use of nome. Add line	s & thr	ougn 27a		<b>-</b>	28	14,361
30	Expenses for business use of your h						.  -	29	9,279
	unless using the simplified method (s	ee inc	ructions)	es els	ewnere. Attach Form 8829				
	Simplified method filers only: enter the total square footage of: (a) your home:								
	and (b) the part of your home used for business: Use the Simplified								
	Method Worksheet in the instructions to figure the amount to enter on line 30								
31	Net profit or (loss). Subtract line 30	from li	ne 29.	mic 5	·		-	30	
	• If a profit, enter on both Schedule 1 (Form 1040), line 12 (or Form 1040NR, line 13) and on Schedule SE,							-	
	line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.							24	0 270
	• If a loss, you must go to line 32.							31	9,279
32		descri	bes your investment in thi	s activ	ity (see instructions)				
	If you have a loss, check the box that describes your investment in this activity (see instructions).  • If you checked 32a, enter the loss on both <b>Schedule 1 (Form 1040), line 12</b> (or <b>Form 1040NR</b> ,							2- [	7
	line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions).							2a	All investment is at risk.
	Estates and trusts, enter on Form 10	41, line	3.	, 500	or mondodonoj.		r J	2b [	Some investment is not
_	<ul> <li>If you checked 32b, you must attac</li> </ul>			imited	1.	ل			at risk.

## SCHEDULE C (Form 1040 or 1040-SR)

## **Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Name of proprietor

▶ Go to www.irs.gov/ScheduleC for instructions and the latest inform: Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must

_	JOHN M ZINDORF										
Α	Principal business or profession, including product or service (see instructions)  CAR WASH										
								e from instructions 1190			
С	Business name. If no separate bu JAMESTOWN CAR WA	sineśs na SH	me, leave blank.			D	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL				
E	Business address (including suite		10) > 34 W W	ASH	TNOTON OT						
	City, town or post office, state, and	ZIP code	JAMEST		INGION SI	· · · · · · ·					
F	Accounting method: (1)	X Cash	(2) Accrual	(3)	Other (enerity)						
G	Did you "materially participate" in t	he operat	ion of this business duri	na 201	Other (specify)   19? If "No," see instructions for limit of						
Н	Jou clarica of acquired [115 phs]	1533 0000	III ZIII 9 Check here								
i	Did you make any payments in 20	19 that wo	ould require you to file F	orm(s)	1099? (see instructions)		· · · · · · · · · · · · · · · · · · ·				
J	If "Yes," did you or will you file requ	uired Forr	ns 1099?	omi(s)	1000: (see instructions)			Yes X No			
	Part I Income				· · · · · · · · · · · · · · · · · · ·			Yes No			
1	Gross receipts or sales. See instru	ctions for	line 1 and check the bo	x if this	s income was reported to you on		Т				
	Form W-2 and the "Statutory empl	oyee" box	on that form was check	ed		ьП	1	10 60			
2	Returns and allowances		7				2	18,684			
3								10 60			
4								18,684			
5	Gross profit. Subtract line 4 from	line 3	*************************		uctions)		5	10 60/			
6	Other income, including federal and state	gasoline o	or fuel tax credit or refund (s	ee instr	ructions)		6	18,684			
7	Gross income. Add lines 5 and 6						7	10 60/			
	art II Expenses. Enter ex	penses	for business use of	vour	home only on line 30.		1/1	18,684			
8	Advertising	8		18	Office expense (see instructions)		18				
9	Car and truck expenses (see			19	Pension and profit-sharing plans		19				
	instructions)	9		20	Rent or lease (see instructions):		19				
10	Commissions and fees	10		а	Vehicles, machinery, and equipme	nt	20a				
11	Contract labor (see instructions)	11		b	Other business property		20b	878			
12	Depletion	12		21	Repairs and maintenance		21	1,906			
13	Depreciation and section 179			22	Supplies (not included in Part III)		22	1,300			
	expense deduction (not included in Part III) (see			23	Taxes and licenses		23	1 270			
	instructions)	13		24	Travel and meals:		23	1,378			
14	Employee benefit programs		1	a	Travel		24a				
	(other than on line 19)	14		b	Deductible meals (see		<u> 44</u> a				
15	Insurance (other than health)	15	1,160		instructions)		24b				
16	Interest (see instructions):			25	Utilities		25	5,042			
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26	5,012			
b	Other	16b			, , , , , , , , , , , , , , , , , , , ,		1	77.			
				27a	Other expenses (from line 48)		27a				
17	Legal and professional services	17		b	Reserved for future use		27b				
28	Total expenses before expenses fo	r busines	s use of home. Add line	s 8 thre	ough 27a	<b>&gt;</b>	28	10,364			
29	Tentative profit or (loss). Subtract lin	e 28 from	line 7				29	8,320			
30	Expenses for business use of your h	ome. Do	not report these expens	es els	ewhere. Attach Form 8829			0,020			
	unless using the simplified method (	see instru	ctions).								
	Simplified method filers only: enter the total square footage of: (a) your home:										
	and (b) the part of your home used for	or busines	ss: Use	the Si	mplified						
31	Method Worksheet in the instructions	to figure	the amount to enter on	line 30	0		30				
0.	Net profit or (loss). Subtract line 30 from line 29.										
	If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and tructe onter a Form 1044-W.										
	rusts, enter on Form 1041, line 3.							8,320			
	• If a loss, you must go to line 32.					٦,	31	0,020			
32	If you have a loss, check the box that	describe	s your investment in this	activi	ty (see instructions).	$\neg$					
	of you checked 32a, enter the loss of		32a	All investment is at risk.							
	Form 1040-NR, line 13) and on Scho		32b	Some investment is not							
	31 instructions). Estates and trusts, enter on Form 1041, line 3.							at risk.			
	<ul> <li>If you checked 32b, you must attach</li> </ul>	h Form 6	198. Your loss may be l	imited				at rion.			