SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

► Go to www.irs.gov/ScheduleC for instructions and the latest information.

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

Department of the Treasury

Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor					Social	Social security number (SSN)	
Rita A	Rita A. Bentley					XXX-XX-XXXX	
Α	Principal business or profession, including product or service (see instructions)					B Enter code from instructions	
Pet Ca	Care					▶ 8 1 2 9 1 0	
С	Business name. If no separate business name, leave blank.					oyer ID number (EIN) (see instr.)	
E	Business address (including s	suite or room no.)					
	City, town or post office, state	town or post office, state, and ZIP code					
F	Accounting method: (1) ✓ Cash (2) ☐ Accrual (3) ☐ Other (specify) ►						
G	Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on I					osses . 🗸 Yes 🗌 No	
Н							
I	Did you make any payments in	in 2020 that would require you to	ile Forr	n(s) 1099? See instructions		🗌 Yes 🗸 No	
J	If "Yes," did you or will you file	e required Form(s) 1099?		·		🗌 Yes 🔲 No	
Part							
1	•			f this income was reported to you or	1	1,700	
2	-					1,700	
3							
4							
5	,	,					
6				refund (see instructions)			
7		•			7		
Part	II Expenses. Enter expe	enses for business use of yo	ur hon	ne only on line 30.			
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):			
10	Commissions and fees .	10	а	Vehicles, machinery, and equipment	20a		
11	Contract labor (see instructions)	11	b	Other business property	20b		
12	Depletion	12	21	Repairs and maintenance	. 21		
13	Depreciation and section 179		22	Supplies (not included in Part III)	. 22		
	expense deduction (not included in Part III) (see		23	Taxes and licenses	. 23		
	instructions)	13	24	Travel and meals:			
14	Employee benefit programs		а	Travel	24a		
	(other than on line 19)	14	b	Deductible meals (see			
15	Insurance (other than health)	15		instructions)	24b		
16	Interest (see instructions):		25	Utilities			
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)			
b	Other	16b	27a	Other expenses (from line 48) .	27a		
17	Legal and professional services	17		Reserved for future use			
28	Total expenses before expenses for business use of home. Add lines 8 through 27a						
29	Tentative profit or (loss). Subtract line 28 from line 7						
30	·	•	se expe	enses elsewhere. Attach Form 8829)		
	unless using the simplified me Simplified method filers only	ethod. See instructions. y: Enter the total square footage o	f (a) yo	ur 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				. 30		
31	Net profit or (loss). Subtract line 30 from line 29.						
	• If a profit, enter on both Schedule 1 (Form 1040), line 3, 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.				31		
	• If a loss, you must go to line 32.					1	
32	.,	box that describes your investmer	nt in this	s activity. See instructions.			
	If you checked 32a, enter	the loss on both Schedule 1 (Fo box on line 1, see the line 31 instru	rm 104	0), line 3, and on Schedule	32a 32b	☐ All investment is at risk. ☐ Some investment is not at risk.	
	If you checked 32b, you must attach Form 6198. Your loss may be limited.					at non.	