

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ For information on Schedule C and its instructions, go to www.irs.gov/schedulec
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2011

Attachment
Sequence No. **09**

Name of proprietor TEST P BARRELL		Social security number (SSN) 400-00-1013
A Principal business or profession, including product or service (see instructions) MARY KAY COSMETICS		B Enter code from instructions ▶ 454390
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN), (see instr.)
E Business address (including suite or room no.) ▶ 111 HAPPY STREET City, town or post office, state, and ZIP code Milwaukee WI 53210		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶		
G Did you "materially participate" in the operation of this business during 2011? If "No," see instructions for limit on losses		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2011, check here		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I Did you make any payments in 2011 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file all required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income			
1 a Merchant card and third party payments. For 2011, enter -0-	1a	0	
b Gross receipts or sales not entered on line 1a (see instructions)	1b	8,292	
c Income reported to you on Form W-2 if the "Statutory Employee" box on that form was checked. Caution. See instr. before completing this line	1c		
d Total gross receipts. Add lines 1a through 1c	1d	8,292	
2 Returns and allowances plus any other adjustments (see instructions)	2	17	
3 Subtract line 2 from line 1d	3	8,275	
4 Cost of goods sold (from line 42)	4	4,813	
5 Gross profit. Subtract line 4 from line 3	5	3,462	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	1,648	
7 Gross income. Add lines 5 and 6	7	5,110	

Part II Expenses		Enter expenses for business use of your home only on line 30.			
8 Advertising	8	33	18 Office expense (see instructions)	18	1,864
9 Car and truck expenses (see instructions)	9	518	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10	68	20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	829
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	678
b Other	16b	330	b Deductible meals and entertainment (see instructions)	24b	238
17 Legal and professional services	17	185	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	5,215	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	(105)	27 a Other expenses (from line 48)	27a	472
30 Expenses for business use of your home. Attach Form 8829 . Do not report such expenses elsewhere	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29.	31	(105)			
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see instr. Estates and trusts, enter on Form 1041, line 3 .					
• If a loss, you must go to line 32.					
32 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 Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . If you entered an amount on line 1c, see instructions for line 31. Estates and trusts, enter on Form 1041, line 3 .	32a	<input checked="" type="checkbox"/>	All investment is at risk.		
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32b	<input type="checkbox"/>	Some investment is not at risk.		

For Paperwork Reduction Act Notice, see your tax return instructions.

EEA

Schedule C (Form 1040) 2011

Name(s) **TEST P BARRELL** SSN **400-00-1013**

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35 1,517
36	Purchases less cost of items withdrawn for personal use	36 4,886
37	Cost of labor. Do not include any amounts paid to yourself	37
38	Materials and supplies	38 140
39	Other costs	39
40	Add lines 35 through 39	40 6,543
41	Inventory at end of year	41 1,730
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 4,813

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (year, month, day) ▶	2011-01-01
44	Of the total number of miles you drove your vehicle during 2011, enter the number of miles you used your vehicle for:	
a	Business <u>969</u> b Commuting (see instructions) _____ c Other <u>3,154</u>	
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47 a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

WORKSHOPS AND SEMINARS	224
CHILDCARE	60
FREIGHT	90
NON RECOVERED SALES TAX	13
POSTAGE AND SHIPPING	85
48 Total other expenses. Enter here and on line 27a	48 472