

SCHEDULE C
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

► **Partnerships, joint ventures, etc., generally must file Form 1065 or 1065-B.**
► **Attach to Form 1040, 1040NR, or 1041.** ► **See Instructions for Schedule C (Form 1040).**

OMB No. 1545-0074

2008

Attachment
Sequence No. **09**

| | | |
|---|--|------------------------------|
| Name of proprietor Paul L Silverman | | Social security number (SSN) |
| A Principal business or profession, including product or service (see instructions) Yeso Village LP 85-0295983 | B Enter code from instructions ► 531100 | |
| C Business name. If no separate business name, leave blank. Yeso Village Mobile Home Park | D Employer ID number (EIN), if any 85-0295983 | |
| E Business address (including suite or room no.) ► 6211 San Mateo NE #130 City, town or post office, state, and ZIP code Albuquerque, NM 87109 | | |
| 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 2008? 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 2008, check here ► <input type="checkbox"/> | | |

Part I **Income**

| | | |
|--|----------|----------------|
| 1 Gross receipts or sales. Caution. See the instructions and check the box if: • This income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked, or • You are a member of a qualified joint venture reporting only rental real estate income not subject to self-employment tax. Also see instructions for limit on losses <input type="checkbox"/> | 1 | 36,811. |
| 2 Returns and allowances | 2 | |
| 3 Subtract line 2 from line 1 | 3 | 36,811. |
| 4 Cost of goods sold (from line 42 on page 2) | 4 | |
| 5 Gross profit. Subtract line 4 from line 3 | 5 | 36,811. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 | 7 | 36,811. |

Part II **Expenses.** Enter expenses for business use of your home **only** on line 30.

| | | | | | |
|---|-------------|----------------|--|-------------|---------------|
| 8 Advertising | 8 | | 18 Office expense | 18 | |
| 9 Car and truck expenses (see instructions) | 9 | | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20 a | |
| 12 Depletion | 12 | | b Other business property | 20 b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 1,624. | 21 Repairs and maintenance | 21 | 4,855. |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) ... | 15 | 1,387. | 23 Taxes and licenses | 23 | 1,076. |
| 16 Interest: | | | 24 Travel, meals, and entertainment: | | |
| a Mortgage (paid to banks, etc) | 16 a | | a Travel | 24 a | |
| b Other | 16 b | | b Deductible meals and entertainment (see instructions) | 24 b | |
| 17 Legal & professional services ... | 17 | | 25 Utilities | 25 | |
| | | | 26 Wages (less employment credits) | 26 | |
| | | | 27 Other expenses (from line 48 on page 2) | 27 | 2,225. |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27 | 28 | 11,167. | | | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 25,644. | | | |
| 30 Expenses for business use of your home. Attach Form 8829 | 30 | | | | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 , and Schedule SE, line 2 or on Form 1040NR, line 13 (if you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | 25,644. | | | |
| 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 , and Schedule SE, line 2 , or on Form 1040NR, line 13 (if you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | 32 a <input type="checkbox"/> All investment is at risk. | | |
| | | | 32 b <input type="checkbox"/> Some investment is not at risk. | | |

BAA For Paperwork Reduction Act Notice, see Form 1040 instructions.

Part III Cost of Goods Sold (see instructions)

| | |
|--|--|
| 33 Method(s) used to value closing inventory: a <input 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 type="checkbox"/> No |
| 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 |
| 36 Purchases less cost of items withdrawn for personal use | 36 |
| 37 Cost of labor. Do not include any amounts paid to yourself | 37 |
| 38 Materials and supplies | 38 |
| 39 Other costs | 39 |
| 40 Add lines 35 through 39 | 40 |
| 41 Inventory at end of year | 41 |
| 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 | 42 |

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? (month, day, year) ▶ _____

44 Of the total number of miles you drove your vehicle during 2008, enter the number of miles you used your vehicle for:
a Business _____ **b** Commuting (see instructions) _____ **c** Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If 'Yes,' is the evidence written? ☐ Yes ☐ No

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

| | |
|--|------------------|
| Gardening | 450. |
| Management Fees | 1,750. |
| Office Expenses | 25. |
| | |
| | |
| | |
| | |
| | |
| 48 Total other expenses. Enter here and on page 1, line 27 | 48 2,225. |