

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

**Profit or Loss From Business**  
**(Sole Proprietorship)**

OMB No. 1545-0074

**2019**

Department of the Treasury  
Internal Revenue Service (99)

► Go to [www.irs.gov/ScheduleC](http://www.irs.gov/ScheduleC) for instructions and the latest information.  
► Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment  
Sequence No. **09**

Name of proprietor <b>YUHUNG LIN</b>		Social security number (SSN) <b>042-49-1070</b>
<b>A</b> Principal business or profession, including product or service (see instructions) <b>LANDSCAPER</b>		<b>B</b> Enter code from instructions ► <b>561730</b>
<b>C</b> Business name. If no separate business name, leave blank. <b>PATIO PRO LANDSCAPE CONSTRUCTION &amp; DESIGN LLC</b>		<b>D</b> Employer ID number (EIN) (see instr.) <b>84-3217420</b>
<b>E</b> Business address (including suite or room no.) ► <b>8194 W DEER VALLEY RD 106-563</b>		
City, town or post office, state, and ZIP code <b>ARIZONA AZ 85382</b>		
<b>F</b> Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ►		
<b>G</b> Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>H</b> If you started or acquired this business during 2019, check here <input type="checkbox"/>		
<b>I</b> Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>J</b> If "Yes," did you or will you file required Forms 1099? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**Part I Income**

<b>1</b> Gross receipts or sales. See instructions for line 1 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. <input type="checkbox"/>	<b>1</b>	<b>52,079.</b>
<b>2</b> Returns and allowances	<b>2</b>	
<b>3</b> Subtract line 2 from line 1	<b>3</b>	<b>52,079.</b>
<b>4</b> Cost of goods sold (from line 42)	<b>4</b>	<b>43,175.</b>
<b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3	<b>5</b>	<b>8,904.</b>
<b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<b>6</b>	
<b>7</b> <b>Gross income.</b> Add lines 5 and 6	<b>7</b>	<b>8,904.</b>

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

<b>8</b> Advertising	<b>8</b>		<b>18</b> Office expense (see instructions)	<b>18</b>	
<b>9</b> Car and truck expenses (see instructions)	<b>9</b>	<b>1,425.</b>	<b>19</b> Pension and profit-sharing plans	<b>19</b>	
<b>10</b> Commissions and fees	<b>10</b>		<b>20</b> Rent or lease (see instructions):		
<b>11</b> Contract labor (see instructions)	<b>11</b>		<b>a</b> Vehicles, machinery, and equipment	<b>20a</b>	<b>238.</b>
<b>12</b> Depletion	<b>12</b>		<b>b</b> Other business property	<b>20b</b>	
<b>13</b> Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	<b>13</b>	<b>1,885.</b>	<b>21</b> Repairs and maintenance	<b>21</b>	<b>2,682.</b>
<b>14</b> Employee benefit programs (other than on line 19)	<b>14</b>		<b>22</b> Supplies (not included in Part III)	<b>22</b>	<b>664.</b>
<b>15</b> Insurance (other than health)	<b>15</b>	<b>1,088.</b>	<b>23</b> Taxes and licenses	<b>23</b>	<b>1,148.</b>
<b>16</b> Interest (see instr.):			<b>24</b> Travel and meals:		
<b>a</b> Mortgage (paid to banks, etc.)	<b>16a</b>		<b>a</b> Travel	<b>24a</b>	<b>27.</b>
<b>b</b> Other	<b>16b</b>	<b>88.</b>	<b>b</b> Deductible meals (see instructions)	<b>24b</b>	<b>419.</b>
<b>17</b> Legal and professional services	<b>17</b>		<b>25</b> Utilities	<b>25</b>	<b>332.</b>
			<b>26</b> Wages (less employment credits)	<b>26</b>	<b>11,202.</b>
			<b>27a</b> Other expenses (from line 48)	<b>27a</b>	<b>5,656.</b>
			<b>b</b> Reserved for future use	<b>27b</b>	
<b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a	<b>28</b>	<b>26,854.</b>			
<b>29</b> Tentative profit or (loss). Subtract line 28 from line 7	<b>29</b>	<b>-17,950.</b>			
<b>30</b> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). <b>Simplified method filers only:</b> 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.	<b>30</b>				
<b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29. • If a profit, enter on both <b>Schedule 1 (Form 1040 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If a loss, you <b>must</b> go to line 32.	<b>31</b>	<b>-17,950.</b>			
<b>32</b> 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 or 1040-SR), line 3</b> (or <b>Form 1040-NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> . • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.			<b>32a</b> <input checked="" type="checkbox"/> All investment is at risk.		
			<b>32b</b> <input type="checkbox"/> Some investment is not at risk.		

**Part III Cost of Goods Sold** (see instructions)

<b>33</b> Method(s) used to value closing inventory: <b>a</b> <input type="checkbox"/> Cost <b>b</b> <input type="checkbox"/> Lower of cost or market <b>c</b> <input type="checkbox"/> Other (attach explanation)	
<b>34</b> 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
<b>35</b> Inventory at beginning of year. If different from last year's closing inventory, attach explanation. ....	<b>35</b>
<b>36</b> Purchases less cost of items withdrawn for personal use .....	<b>36</b>
<b>37</b> Cost of labor. Do not include any amounts paid to yourself .....	<b>37</b>
<b>38</b> Materials and supplies .....	<b>38</b> 22,086.
<b>39</b> Other costs .....	<b>39</b> 21,089.
<b>40</b> Add lines 35 through 39 .....	<b>40</b> 43,175.
<b>41</b> Inventory at end of year .....	<b>41</b>
<b>42</b> <b>Cost of goods sold.</b> Subtract line 41 from line 40. Enter the result here and on line 4 .....	<b>42</b> 43,175.

**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 2019, 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.

ACCOUNTING	670.
AMORTIZATION	2,329.
BANK CHARGES	29.
DUES AND SUBSCRIPTIONS	325.
LICENSE AND PERMITS	809.
MERCHANT SERVICES	313.
PRINTING	691.
TOOLS	490.
<b>48</b> <b>Total other expenses.</b> Enter here and on line 27a. ....	<b>48</b> 5,656.