SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065. Department of the Treasury Internal Revenue Service (99) Name of proprietor

Attachment Sequence No. **09**

мт	CCUART T RANDERT						security number (SSN)			
A	Principal hysiness or profession, including modular and in ()							-58-9412		
	CDOCEDY CHODE						ter code from instructions			
С	During the state of the state o						45100 nployer ID number (EIN), (see instrs)			
	M N ENTERPRISES LLC						, Emp	loyer	D number (LIN), (see instrs)	
E	Business address (including suite or room	no.) ►	, <u>, , , , , , , , , , , , , , , , , , </u>							
	City, town or post office, state, and ZIP co	de -								
F	Accounting method: (1)	Cash	(2) X Accrual	(3)	Other (specify)					
G								on Io	osses. X Yes No	
H	If you started or acquired this b	usines	s during 2015, check h	ere					▶ []	
1	Did you make any payments in	2015 t	hat would require you t	to fil	e Form(s) 1099? (see	instructions)			X Yes No	
J	If 'Yes,' did you or will you file r	equire	d Forms 1099?						XYes No	
Pa	tl Income		71							
1	Gross receipts or sales. See ins	tructio	ns for line 1 and check	the	box if this income wa	as reported to you		l		
•	on Form W-2 and the Statutory	emplo	yee' box on that form	was	checked		▶	1	1,641,207.	
2	Returns and allowances					• • • • • • • • • • • • • • • • • • • •		2		
3	Subtract line 2 from line 1							3	1,641,207.	
4	Cost of goods sold (from line 42	2)						4	1,379,656.	
5 6	Gross profit. Subtract line 4 from	m line	3		• • • • • • • • • • • • • • • • • • • •			5	261,551.	
Ü	Other income, including federal (see instructions)	and st	ate gasoline or fuel tax	cre	dit or refund			6		
7	Gross income. Add lines 5 and	6						7	261 551	
Pai	t II Expenses. Enter expens	es for	business use of your h	ome	only on line 30				261,551.	
8	Advertising	8			Office expense (see	instructions)		18	T	
9	Car and truck expenses				Pension and profit-			19		
10	(see instructions)		22,688.	20	Rent or lease (see	instructions):				
11	Commissions and fees Contract labor	10		-	a Vehicles, machinery			20 a	1	
• • •	(see instructions)	11			b Other business proj			20 b		
12	Depletion	12		21				21	14,250.	
13	Depreciation and section 179 expense deduction				Supplies (not include	led in Part III)		22		
	(not included in Part III)				Taxes and licenses.			23	32,941.	
14	(see instructions)	13	36,943.		Travel, meals, and			19. E.		
14	Employee benefit programs (other than on line 19)	14			a Travel			24 a		
15	Insurance (other than health)	15	4,592.		b Deductible meals ar (see instructions)	nd entertainment		24 b		
16	Interest:	1.12		25				25	18,323.	
а	Mortgage (paid to banks, etc.)	16 a	19,119.	26	Wages (less employ			26	44,162.	
	Other	16 b			a Other expenses (fro			27 a		
	Legal and professional services	17	350.		b Reserved for future	use		27 b	<u></u>	
28	Total expenses before expenses	for bu	isiness use of home. A	dd I	nes 8 through 27a		▶	28	240,313.	
29	Tentative profit or (loss). Subtract	t line	28 from line 7				[29	21,238.	
30	Expenses for business use of younless using the simplified method	ur hon ad (se	ne. Do not report these	exp	enses elsewhere. Atta	ach Form 8829				
	Simplified method filers only: en	nter th	e total square footage (of· (a) vour home:					
	and (b) the part of your home used	for bus	siness [,]		1	Jse the Simplified	_			
31	Method Worksheet in the instruct	ions to	figure the amount to	ente	r on line 30		· · · ·	30	1,121.	
	Net profit or (loss). Subtract line									
	 If a profit, enter on both Form Schedule SE, line 2. (If you checand trusts, enter on Form 1041) 	ked th	e box on line 1, see ins	IR, I struc	ine 13) and on				! }	
	and trasts, enter on Form 1041,	me 5.	.,		-	-		31	20,117.	
	 If a loss, you must go to line 3 						•			
JŁ	If you have a loss, check the box	tnat c	escribes your investme	ent i	n this activity (see ins	tructions).	_			
	• 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 checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.							32 a	All investment is at risk.	
	If you checked 32b, you must		Form 6198, Your loss	าลเก	he limited			32 b	Some investment	
ВАА	For Paperwork Reduction Act N	otice	see the senarate instru	y	~~ mintou,				☐ is not at risk.	

Pa	rt III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a \overline{X} Cost b $\overline{\ }$ Lower of cost or market $\overline{\ }$ $\overline{\ }$ Other (attack		ation)	,,, , , , , , , , , , , , , , , , , ,
34	If 'Yes,' attach explanation	? '; · · · · ; ·	Yes	XNo
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	150	<u>,000.</u>
36	Purchases less cost of items withdrawn for personal use	36	1,330	<u>,704.</u>
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	1,480	,704.
41	Inventory at end of year	41	101	,048.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	1,379	,656.
Par	Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file I	on line	9 and are no	t
	required to the Form 4302 for this business, see the instructions for line 13 to find out if you must file i	-orm 45	02.	
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 2015, enter the number of miles you used your vehicle for:			
а	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
47 a	Do you have evidence to support your deduction?		Yes	No
	If 'Yes,' is the evidence written?		… 🗌 Yes	No
Par	t V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
SEE	STATEMENT 1			
		\		
				,
				
				·
 – –				····
48	Total other expenses. Enter here and on line 27a	10	12	020

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

Depa Interr	rtment of the Treasury (99) Informal Revenue Service (99) Attach	natior to Fo	about Schedule C and orm 1040, 1040NR, or 10	its separate instructions is at www.irs.gov/s 041; partnerships generally must file Fo	<i>chedulec.</i> orm 1065	i.	Attachment Sequence No. 09	
Name	of proprietor		<u>-</u>		~~		number (SSN)	_
MI	CHAEL J. FARRELL				008-	.58-r	9412	
Α						nter code from instructions		
	GROCERY STORE				► 44	4510	0	
С	Business name. If no separate business na	me, lea	ve blank.		D Em	oloyer II	D number (EIN), (see instr.)	_
	M N ENTERPRISES LLC							
E	Business address (including suite or room	-						
	City, town or post office, state, and ZIP coo	le						
F	Accounting method: (1)	Cash	(2) X Accrual ((3) Other (specify) ►				
G	Did you 'materially participate' in	the o	operation of this busine	ess during 2016? If 'No,' see instructions	for limit	on lo	sses. X Yes N	- Ю
Н				ere				
i				to file Form(s) 1099? (see instructions).				lo
J								
Pai							163	_
1	Prancis					т—		
1	on Form W-2 and the 'Statutory	tructio	ons for line I and check	the box if this income was reported to was checked	you _ 🗆	1	1 571 075	
2	Returns and allowances	empic	yee box on that form	was checked	🗀	2	1,571,975	
3	Subtract line 2 from line 1			***************************************		3	1 571 075	
4							1,571,975	
5						5	1,288,435	
6	Other income, including federal	and st	ate gasoline or fuel tax	credit or refund		-	283,540	÷
	(see instructions)			*****************************		6		
7	Gross income. Add lines 5 and 6	5				7	283,540	<u> </u>
Pai	till Expenses. Enter expens		business use of your h	nome only on line 30.				
8	Advertising	8		18 Office expense (see instructions).		18		
9	Car and truck expenses (see instructions)	9	16 500	19 Pension and profit-sharing plans.		19		
10	Commissions and fees	10	16,589.	20 Rent or lease (see instructions):		7		
11	Contract labor	10		a Vehicles, machinery, and equipm	ent	20a		
	(see instructions)	11		b Other business property		20b		
12	Depletion	12		21 Repairs and maintenance		21	4,905	
13	Depreciation and section	,		22 Supplies (not included in Part III).		22		
	179 expense deduction (not included in Part III)			23 Taxes and licenses		23	46,782	
	(see instructions)	13	48,830.	24 Travel, meals, and entertainment			, , , , , ,	
14	Employee benefit programs (other than on line 19)	1.4	,	a Travel		24a		
		14	4 604	b Deductible meals and entertainme				
		15	4,634.	(see instructions)		24b		
		16 a	10 000	25 Utilities		25	22,244	
	Mortgage (paid to banks, etc.) Other	16b	19,938.	26 Wages (less employment credits).		26	44,873	
17		17	100	27a Other expenses (from line 48)		27a	42,439	<u>•</u>
28			400.	b Reserved for future use		27b	051 604	
29						$\overline{}$	251,634	
30				expenses elsewhere. Attach Form 8829		29	31,906	÷
	unless using the simplified method	od (se	e instructions).	expenses elsewhere. Attach Form 6625	,			
	Simplified method filers only: er	nter th	e total square footage					
	and (b) the part of your home used	for bu	siness:	enter on line 30	ified	20		
31				enter on line 30		30	1,210	÷
31	Net profit or (loss). Subtract line							
	 If a profit, enter on both Form Schedule SE, line 2. (If you chec and trusts, enter on Form 1041, I 	hed thine 3.	e box on line 1, see in	structions). Estates		31	30,696	
	• If a loss, you must go to line 3	2.				L	50,050	÷
32	If you have a loss, check the box	that (describes your investme	ent in this activity (see instructions).				
	• If you checked 32a, enter the I	oss or ked t	both Form 1040 line	12, (or Form 1040NR, line 13) and on the line 31 instructions). Estates and		32a	All investment is at risk.	
	• If you checked 32b, you must		Form 6198. Your loss	may be limited.		32b	Some investment is not at risk.	:

(D	art III Cost of Goods Sold (see instructions)	08-58-94	12	Page 2
33	And the state of t			
34	C Other (atta		on)	
	If 'Yes,' attach explanation	y? ·······	. Yes	XNo
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	. 35	101	,048.
36				8,867.
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	1,389	,915.
41	Inventory at end of year	. 41	101	,480.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	. 42	1 200	425
Pa	Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file			,435. t
43		1 01111 4302.	·····	
	business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for	:		
a	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
47 a	Do you have evidence to support your deduction?		Yes	No
b	If 'Yes,' is the evidence written?		Yes	No
rar	Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
SEE	STATEMENT 1			
			. 10.00	7-71-
48	Total other expenses. Enter here and on line 27a	48	12	439.

SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

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. **09**

Name	me of proprietor Social s						security number (SSN)		
						8-58	-58-9412		
Α	07.00					Enter co	iter code from instructions		
						4451			
C	D Ell					Employe	r ID number (EIN), (see instr.)		
	M N ENTERPRISES LLC								
	City, town or post office, state, and ZIP code Accounting method: (1)	Cash	(2) X Appropriate (2)	2/	Other (specify) >				
G	-				uring 2017? If 'No,' see instructions for I	.,	<u> </u>		
Н									
''					Form(s) 1099? (see instructions)				
					· · · · · · · · · · · · · · · · · · ·				
J Par		equirea r	-orms 1099?	• • • • •			XYes No		
an industrial to	=25 (v)(s)					- 1			
1	Gross receipts or sales. See inst	ructions	for line 1 and check	the	box if this income was reported to you checked		1 (24 000		
2					:neckea				
3									
4							=/001/300.		
5									
6	Other income, including federal a	and state	e gasoline or fuel tax	cred	lit or refund				
-							···		
7	Gross Income. Add lines 5 and 6			· · · · ·		. ► 7	242,990.		
га: 8	Advertising	es for bu	isiness use of your h			18			
9	Car and truck expenses			19	Office expense (see instructions) Pension and profit-sharing plans	· · ·			
-	(see instructions)	9	12,823.		Rent or lease (see instructions):				
10	Commissions and fees	10			Vehicles, machinery, and equipment.				
11	Contract labor (see instructions)	11			Other business property				
12	Depletion	12		21	Repairs and maintenance				
13	Depreciation and section			22	Supplies (not included in Part III)				
	179 expense deduction (not included in Part III)			23	Taxes and licenses		10,001.		
		13	22,413.		Travel, meals, and entertainment:	12			
14	Employee benefit programs (other than on line 19)	14		1	a Travel	24	a		
15	Insurance (other than health)	15	6,394.		Deductible meals and entertainment (see instructions)	. 24	h		
16	Interest:		0,334.	25	Utilities				
а	Mortgage (paid to banks, etc.)		17,398.		Wages (less employment credits)				
	Other	16 b		1	Other expenses (from line 48)				
17	Legal and professional services		400.		Reserved for future use		Company of the Compan		
28					nes 8 through 27a		220,006.		
29						29	22,984.		
30	Expenses for business use of you unless using the simplified metho	ur home od (see i	. Do not report these	exp	enses elsewhere. Attach Form 8829				
	Simplified method filers only: er			of: (a	a) vour home:				
	and (b) the part of your home used	for busin	1666,		Use the Simplified	_			
21	Method Worksheet in the instruct			ente	on line 30	30	1,149.		
31	Net profit or (loss). Subtract line			ID 1	12\ d				
	• If a profit, enter on both Form Schedule SE, line 2. (If you check	ked the	box on line 1, see in:	vik, II struc	ne (3) and on tions). Estates				
	and trusts, enter on Form 1041, I	ine 3.	,	_	·	31	21,835.		
20	• If a loss, you must go to line 3								
32	If you have a loss, check the box								
	 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 checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. 					32	a All investment is		
							☐ at risk.		
	• If you checked 32b, you must a	attach F	orm 6198. Your loss	may	be limited	32	b ☐ Some investment is not at risk.		

Sch	nedule C (Form 1040) 2017 MICHAEL J. FARRELL	08-58-94	.12	Page 2
	irt III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (atta		ion)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing invento If 'Yes,' attach explanation	ry? · · · _· · · · · · · · · · · ·	. Yes	XNo
35		f 1		,480.
36	Purchases less cost of items withdrawn for personal use	. 36	1,392	2,858.
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	1,494	<u>,338.</u>
41	Inventory at end of year	. 41	102	,340.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	. 42	1,391	,998.
Pai	Information on Your Vehicle. Complete this part only if you are claiming car or truck expens required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file	es on line 9 e Form 4562	and are no	t
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 2017, enter the number of miles you used your vehicle for	r:		
ā	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
47 a	Do you have evidence to support your deduction?		Yes	No
Par	tV Other Expenses. List below business expenses not included on lines 8.26 or line 20		Yes	No
i ai	tV Other Expenses. List below business expenses not included on lines 8-26 or line 30.	I		
000				

 l

48 Total other expenses. Enter here and on line 27a. 48 45, 362.

Schedule C (Form 1040) 2017