

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address, city, state, ZIP \_\_\_\_\_

Accounting Method:  Cash  Accrual  Other (specify) \_\_\_\_\_

This business started or was acquired during 2023.  This business was disposed of during 2023.

Select if this business is for:

- Professional gambler  Newspaper delivery and you are under 18 years of age
- Exempt Notary income  A clergy

Yes No

- Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
- If "Yes," did you file Forms 1099 for the individuals?
- You received a Paycheck Protection Program (PPP) loan for this business.
- If "Yes," was any portion of the loan forgiven?

**Income**

	2023		2023
Gross receipts or sales . . . . .	_____	Other income . . . . .	_____
Returns & allowances . . . . .	_____		_____

**Expenses**

	2023		2023
Advertising . . . . .	_____	Repairs & maintenance . . . . .	_____
Car & truck expenses . . . . .	_____	Supplies . . . . .	_____
Commissions & fees . . . . .	_____	Taxes & licenses . . . . .	_____
Contract labor . . . . .	_____	Travel . . . . .	_____
Depletion . . . . .	_____	Total meals . . . . .	_____
Employee benefit programs . . . . .	_____	Utilities . . . . .	_____
Insurance (other than health) . . . . .	_____	Wages . . . . .	_____
Interest - mortgage . . . . .	_____	Family health coverage payments for taxpayer, spouse or dependents . . . . .	_____
Interest - other . . . . .	_____	Other expenses (list) . . . . .	_____
Legal & professional services . . . . .	_____		_____
Office expenses . . . . .	_____		_____
Pension & profit sharing plans . . . . .	_____		_____
Rent or lease (vehicles, machinery, & equipment) . . . . .	_____		_____
Rent (other business property) . . . . .	_____		_____

**Cost of Goods Sold**

	2023		2023
Inventory at beginning of year . . . . .	_____	Materials & supplies . . . . .	_____
Purchases . . . . .	_____	Other costs . . . . .	_____
Cost of personal use items . . . . .	_____	Inventory at end of year . . . . .	_____
Cost of labor . . . . .	_____	<input type="checkbox"/> There was a change in inventory method.	

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |   |   |
|---|---|
| <p>Yes    No</p> <p><input type="checkbox"/>   <input type="checkbox"/> Was this vehicle available for use during off-duty hours?</p> <p><input type="checkbox"/>   <input type="checkbox"/> Was another vehicle is available for personal use?</p> | <p>Yes    No</p> <p><input type="checkbox"/>   <input type="checkbox"/> Do you have evidence to support your deduction?</p> <p><input type="checkbox"/>   <input type="checkbox"/> If "Yes," is the evidence written?</p> |
|---|---|

#### Mileage

Number of miles the vehicle was driven during 2023

Business:      Jan - Dec 31, 2023      . . . . . _____	Commuting      . . . . . _____
	Other      . . . . . _____

#### Expenses

Garage rent      . . . . . _____	Repairs      . . . . . _____
Gas      . . . . . _____	Tires      . . . . . _____
Insurance      . . . . . _____	Tolls      . . . . . _____
Licenses      . . . . . _____	Lease addback      . . . . . _____
Oil      . . . . . _____	Other expenses
Parking fees      . . . . . _____	_____
Rental fees      . . . . . _____	_____
Interest      . . . . . _____	_____
Property tax      . . . . . _____	_____

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

#### Expenses

#### Office expenses

#### Home expenses

Mortgage interest      . . . . . _____	_____	_____
Real estate taxes      . . . . . _____	_____	_____
Excess mortgage interest      . . . . . _____	_____	_____
Excess real estate taxes      . . . . . _____	_____	_____
Insurance      . . . . . _____	_____	_____
Rent      . . . . . _____	_____	_____
Repairs & maintenance      . . . . . _____	_____	_____
Utilities      . . . . . _____	_____	_____
Other expenses      . . . . . _____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.