

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 2024. This business was disposed of during 2024.

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

2024 2024 Gross receipts or sales Other income Returns & allowances

Expenses

2024 2024 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

2024 2024 Inventory at beginning of year Materials & supplies Purchases Other costs Cost of personal use items Inventory at end of year Cost of labor There was a change in inventory method.

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for

Description of vehicleDate vehicle was placed in service

Yes

No

Was this vehicle available for use during off-duty hours?

Yes

No

Do you have evidence to support your deduction?

Was another vehicle is available for personal use?

If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2024

Business:

Jan - Dec 31, 2024

Commuting

Other

Expenses

Garage rent

Gas

Insurance

Licenses

Oil

Parking fees

Rental fees

Interest

Property tax

Repairs

Tires

Tolls

Lease addback

Other expenses

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.

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