



# Profit or Loss From Business

Schedule C

Business Name:

Principal Business or Profession:

Business Address:

Employer Tax I.D. Number: (If applicable)

**Miscellaneous:**

Yes

No

Did you receive forms 1099-NEC or 1099-K for income received in 2022? If yes, attach forms.

Did you pay for your own health insurance (not through employer) at anytime during the year?

Did you pay anyone other than your employees in excess of \$600 for personal services or rent?

Did you use an area in your home on a regular and exclusive basis for your business?

**Income:**

Gross Revenue

Other Income

**Cost of Goods Sold:**

Inventory at Beginning of Year

Purchases (Less cost of items withdrawn for personal use)

Cost of Labor

Materials

Other Costs

Other Costs

Inventory at End of Year

**Expenses:**

Advertising

Commissions and Fees

Contract Labor

Employee Benefit Programs

Insurance (Other than health or auto insurance)

Mortgage Interest (Other than personal residence)

Interest - Other

Legal and Professional Services

Office Expense

Pension and Profit Sharing Plans

Rent or Lease - Vehicles, Machinery, and Equipment

Rent - Other

Repairs and Maintenance (Other than automobile)

Supplies

Taxes and Licenses

Travel

Meals and Entertainment

Utilities

Wages

# Other Expense and Asset Purchases

Schedule C

Other Expense:	
Association and Membership Fees	
Bank Charges and Returned Check Fees	
Business Gifts (Made from business to promote business)	
Charitable Contributions (Made from business to promote business)	
Cleaning and Maintenance	
Credit Card Fees	
Dues and Subscriptions	
Postage and Mailings	
Professional Education	
Safety Equipment	
Seminar Expense	
Small Tools and Equipment	
Web Hosting	
Other -	
Other -	
Cable TV (Total Expense \$ _____ X _____ % Business use % if not 100% =	
Internet (Total Expense \$ _____ X _____ % Business use % if not 100% =	
Telephone (Total Expense \$ _____ X _____ % Business use % if not 100% =	

Home Office: Complete if you used an area of your home on a regular and exclusive basis for your business.			
Mortgage Interest		<u>Office Dimensions: (If not already on file)</u>	
Real Estate Taxes		Square Footage Used for Business	
Home Owners Insurance		Total Square Footage of Home	
Rent		<u>Home Information: (If not already on file)</u>	
Repairs and Maintenance		Date you first started using your home office?	
Utilities (Gas, Electric, Water & Garbage)		Current Fair Market Value of Your Home?	
Security System		Initial Purchase Price of Your Home?	
Other		Cost of Improvements made since purchase?	

Asset Purchases: Complete if you purchased any business assets during the year.				
Date		Purchase	Business Use %	New or Used
<u>Purchased</u>	<u>Description of Property</u>	<u>Price</u>	<u>(If not 100%)</u>	<u>(Circle One)</u>
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
				New    Used
Did you convert any personal use assets to business assets during the year? If yes, provide details.				Yes    No
Did you sell or otherwise dispose of any business assets during the year? If yes, provide details.				Yes    No

# Auto Expense Worksheet

Schedule C

## Vehicle Information:

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Date Placed Into Service:			
Vehicle Year:			
Vehicle Make:			
Vehicle Model:			

## Mileage Information:

Business Miles Driven From Jan 1 - June 30			
Business Miles Driven From July 1 - Dec 31			
Total Miles Driven During the Year			

## Other Auto Related Expense:

Auto Loan Interest			
License Tabs			
Parking Fees			
Tolls			

## Actual Expenses: (Only complete if not using the IRS standard mileage rate)

Garage Rent			
Gas			
Insurance			
Oil Change			
Repairs			
Tires			
Lease Payments			
Car Wash			
Other -			
Other -			
Other -			
Other -			

## Miscellaneous:

Do you have another vehicle available for personal use?	Yes	No
Was your vehicle available for use during off-duty hours?	Yes	No
Do you have evidence to support your deduction?	Yes	No
If yes, is the evidence written?	Yes	No

## Preparer Use Only: (Only necessary if using Actual Expense Method)

	<u>Vehicle #1</u>	<u>Vehicle #2</u>	<u>Vehicle #3</u>
Date Purchased			
Purchase Price			
FMV (If converting from personal to business use)			
Is Loaded GVW over 6,000 lbs.			
New or Used			