

## **Profit or Loss From Business**

Schedule C

## Business Name:

Principal Business or Profession:

Business Address:

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

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Miscellaneous:	Yes	<u>No</u>
Did you receive forms 1099-NEC or 1099-K for income received in 2023? 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Purchases (Less cost of items withdrawn for personal use)		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	ļ	
Travel		
Meals and Entertainment		
Utilities		
Wages	<u> </u>	

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 Subso	criptions							
Postage and Ma	ilings							
Professional Edu	ucation							
Safety Equipmer	nt							
Seminar Expens	e .							
Small Tools and	Equipment							
Web Hosting								
Other -								
Other -								
Cable TV	(Total Expense \$_	X		% Business use	e % if not 100% =			
Internet	(Total Expense \$_	X		% Business use	e % if not 100% =			
Telephone	(Total Expense \$_	X		% Business use	e % if not 100% =			
Home Office: C	omplete if you used an	area of your hon	ne on a	regular and exclu	sive basis for your	busines	s.	
Mortgage Interes	st		Office D	imensions: (If not a	already on file)			
Real Estate Taxes			Square Footage Used for Business					
Home Owners Insurance			Total Square Footage of Home					
Rent			Home Information: (If not already on file)					
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?					
		mprovements mad	le since purchase?					
Other Cost of Improvements made since purchase? Asset Purchases: Complete if you purchased any business assets during the year.								
Date		naseu any bush	1035 433	Purchase	Business Use %	Now	or Used	
Purchased	Description	of Property		Price	<u>(If not 100%)</u>		e One)	
<u>r urchaseu</u>	Description	orrioperty		1100	<u>(III 1101 100 /0)</u>	New	Used	
						New	Used	
						New	Used	
						New	Used	
						New	Used	
							Used	
						New New	Used	
						New	Used	
						New	Used	
	any noregnal una coosta t	o husinggo goost	e durine	the year? If year an	l ovido dotoilo	New	Used No	
Did you convert any personal use assets to business assets during the year? If yes, provide details.YesDid you sell or otherwise dispose of any business assets during the year? If yes, provide details.Yes								
ט you sell or o	inerwise dispose of any b	usiness assets du	uning the	year r ir yes, provid	ue details.	Yes	No	

Auto Expense Worksheet Schedule C							
Vehicle Information:							
	Vehicle #1	Vehicle #2	Vehicle #3				
Date Placed Into Service:							
Vehicle Year:							
Vehicle Make:							
Vehicle Model:							
Mileage Information:							
Business Miles Driven During the Year							
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	ne IRS standard mil	eage rate)					
Garage Rent							
Gas							
Insurance							
Oil Change							
Repairs							
Tires							
Lease Payments							
Car Wash							
Other -							
Other -							
Other -							
Other -							
Miscellaneous:							
Was your vehicle available for use during off-duty h	nours?		Yes No				
Do you have another vehicle available for personal	use?		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 Ac	tual Expense Meth	od)					
	Vehicle #1	Vehicle #2	Vehicle #3				
Date Purchased							
Purchase Price							
FMV (If converting from personal to business use)							
Is Loaded GVW over 6,000 lbs.							
New or Used							