



Profit or Loss From Business

Schedule C

Business Name:

Principal Business or Profession:

Business Address:

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

Miscellaneous:	<u>Yes</u>	<u>No</u>
Did you receive forms 1099-NEC or 1099-K for income received in 2025? 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 receive any tip income during 2025? If yes, provide total tips received in 2025? \$		

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Purchases (Less cost of items withdrawn for personal use)	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	
Utilities	
Wages	

Other Expense and Asset Purchases

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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: Did you use an area in your home on a regular and exclusive basis for your business? If yes, complete this section.

Mortgage Interest		Office Dimensions: (If not 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?
Other		Cost of Improvements made since purchase?

Asset Purchases: Complete if you purchased any business assets during the year.

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 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 IRS standard mileage rate)

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

Miscellaneous:

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