



Schedule C - Profit or Loss from Business

Name: _____ SSN: _____

General Business Information

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

☐ Driver/Delivery
Your annual **mileage is needed** to complete your tax return

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?

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	_____
Interest - other	_____	for taxpayer, spouse or dependents	_____
Legal & professional services	_____	Other expenses (list)	_____
Office expenses	_____		_____
Pension & profit sharing plans	_____		_____
Rent or lease (vehicles,	_____		_____
machinery, & equipment)	_____		_____
Rent (other business property)	_____		_____

Cost of Goods Sold	2024	Business Use of Home	2024
--------------------	------	----------------------	------

Inventory at beginning of year	_____	Total square footage of house	_____
Purchases	_____	Square footage of home office	_____
Cost of personal use items	_____	(used exclusively for business)	_____
Cost of labor	_____		_____

Simplified Business Mileage Method

Materials & supplies	_____	Total annual business miles	_____
Inventory at end of year	_____		_____

Authorized signature that the above information is accurate _____ Date _____