

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 2025.

☐ This business was disposed of during 2025.

Select if this business is for:

- ☐ Professional gambler
- ☐ Newspaper delivery and you are under 18 years of age
- ☐ Exempt Notary income
- ☐ A clergy

YesNo

☐☐ 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?

☐☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

☐☐ If "Yes," was any portion of the loan forgiven in 2025?

Income

	2025		2025
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		_____

Expenses

	2025		2025
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

	2025		2025
Inventory at beginning of year	_____	Materials & supplies	_____
Purchases	_____	Other costs	_____
Cost of personal use items	_____	Inventory at end of year	_____
Cost of labor	_____	<input type="checkbox"/> 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 available for personal use?

☐

☐

If "Yes," is the evidence written?

Mileage

Number of miles the vehicle was driven during 2025

Business

Other

Commuting

Expenses

Garage rent

Repairs

Gas

Tires

Insurance

Tolls

Licenses

Lease addback

Oil

Other expenses

Parking fees

Rental fees

Interest

Property tax

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.