

**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:

|   |   |
|---|---|
| <input type="checkbox"/> Professional gambler | <input type="checkbox"/> Newspaper delivery and you are under 18 years of age |
| <input type="checkbox"/> Exempt Notary income | <input type="checkbox"/> A clergy   |

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?  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 vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes

No

  Was this vehicle available for use during off-duty hours?  Was another vehicle available for personal use?

Yes

No

  Do you have evidence to support your deduction?  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 .....

In the "Office expenses" column,

Real estate taxes .....

enter those expenses that

Excess mortgage interest .....

pertain exclusively to your office;

Excess real estate taxes .....

in the "Home expenses" column,

Insurance .....

enter those expenses that

Rent .....

pertain to the entire dwelling.

Repairs &amp; maintenance .....

Utilities .....

Other expenses .....