

**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 2022.

This business was disposed of during 2022.

Select if this business is for:

Professional gambler

Newspaper delivery and you are under 18 years of age

Exempt Notary income

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?

You received a Paycheck Protection Program (PPP) loan for this business.

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

**Income**

	2022	2022
Gross receipts or sales . . . . .	_____	Other income . . . . . _____
Returns & allowances . . . . .	_____	_____

**Expenses**

	2022	2022
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**

	2022	2022
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.