## SCHEDULE C (Form 1040)

## Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Attachment Sequence No. 09

Name of proprietor						S	Social security number (SSN)				
A	Principal business or profession, including product or service (see instructions)						Ente	er code	from i	nstructi	ons
С	Business name. If no separate business name, leave blank.						Emp	oloyer I	D numb	er (EIN)	(see instr.)
E	Business address (including suite or room no.)										
	City, town or post office, state	, and ZIP c	ode								
F	Accounting method: (1) Cash (2) Accrual (3) Other (specify)										<u></u>
G H I J Par	If you started or acquired this Did you make any payments in "Yes," did you or will you file	business d n 2024 that	uring 2024, check here would require you to	e file Form	2024? If "No," see instructions for		 		. [ . [		□ No □ No
1 2 3 4 5	Form W-2 and the "Statutory Returns and allowances Subtract line 2 from line 1 . Cost of goods sold (from line 4 from the cost of profit. Subtract line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from line 4 from the cost of goods sold (from the cost of goods sold (	employee" 42) rom line 3	box on that form was	checked			1 2 3 4 5				
6			•		refund (see instructions)		6				
7	Gross income. Add lines 5 ar	nd 6	<u> </u>	<u> </u>			7				
Part	<u> </u>		r business use of y		<del>-</del>	_					
8	Advertising	8		18	Office expense (see instructions)	- 1	18				
9	Car and truck expenses			19	Pension and profit-sharing plans	٠ ا	19				
40	(see instructions)	10		_ 20	Rent or lease (see instructions):		00-	1			
10 11	Commissions and fees .	11		_ a b	Vehicles, machinery, and equipmen Other business property	ı	20a 20b				
12	Contract labor (see instructions)  Depletion	12		21	Other business property Repairs and maintenance	- 1	21				
13	Depreciation and section 179 expense deduction (not included in Part III) (see			22	Supplies (not included in Part III) Taxes and licenses	. [	22				
	instructions)	13		24	Travel and meals:	Ī					
14	Employee benefit programs			а	Travel	. [	24a				
	(other than on line 19) .	14		b	Deductible meals (see instructions	) [	24b				
15	Insurance (other than health)	15		25	Utilities	. [	25				
16	Interest (see instructions):			26	Wages (less employment credits)		26				
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48) .	.	27a				
b	Other	16b		b	Energy efficient commercial bldg	s					
17	Legal and professional services	17			deduction (attach Form 7205) .		27b				
28	<b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27b						28				
29	Tentative profit or (loss). Subtract line 28 from line 7										
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.  Simplified method filers only: Enter the total square footage of (a) your home:  and (b) the part of your home used for business:  Method Worksheet in the instructions to figure the amount to enter on line 30										
							30				
31							30				
31	If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.						31				
	• If a loss, you must go to line 32.										
32	If you have a loss, check the b	oox that des	scribes your investmer	nt in this	activity. See instructions.						
	<ul> <li>If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3.</li> <li>If you checked 32b, you must attach Form 6198. Your loss may be limited.</li> </ul>						32a 32b	☐ So			at risk. nt is not

Schedule C (Form 1040) 2024 Page 2 Part III Cost of Goods Sold (see instructions) 33 Method(s) used to a Cost **b** Lower of cost or market c Other (attach explanation) value closing inventory: Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 34 Yes No If "Yes," attach explanation . . 35 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . 36 Purchases less cost of items withdrawn for personal use . . . 36 37 Cost of labor. Do not include any amounts paid to yourself . . . 37 38 Materials and supplies 38 39 39 Add lines 35 through 39 . . . . . . 40 41 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562. 43 When did you place your vehicle in service for business purposes? (month/day/year) / / Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for: 44 а Business b Commuting (see instructions) c Other 45 Was your vehicle available for personal use during off-duty hours? . . . Do you (or your spouse) have another vehicle available for personal use?. . . . . . . . . . . ☐ No 46 □ No No **b** If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30. Part V

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**Total other expenses.** Enter here and on line 27a .

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