

BUSINESS INCOME AND EXPENSES (Schedule C)Indicate the owner of this business: ☐ Taxpayer ☐ Spouse ☐ Joint

Business Name: _____

Business product or service: _____

Business Address: _____

City, State, and Zip Code: _____

Did you start or acquire this business during 2025 ☐ Yes ☐ NoAccounting Method: ☐ Cash ☐ Accrual ☐ Other (describe) _____Method used to value inventory: ☐ Cost ☐ Lower of cost or market ☐ Other (describe) _____**Income and Cost of Goods Sold**

	2025 Amount	
Gross receipts or sales		
Returns and allowances		
Other income (enclose description)		
Inventory at beginning of year.		
Purchases less cost of items withdrawn for personal use.		
Cost of labor		
Materials and supplies		
Other costs		
Inventory at end of year		

Expenses

Expenses	2025 Amount			2025 Amount	
Advertising			Wages		
Commissions and fees			Other: _____		
Contract labor.			_____		
Depletion			_____		
Employee benefits.			_____		
Insurance (other than health)			_____		
Mortgage interest			_____		
Other interest.			_____		
Legal and professional fees			_____		
Office expenses			_____		
Pension and profit sharing			_____		
Rent - Vehicle, machinery			_____		
Rent - Other.			_____		
Repairs and maintenance			_____		
Supplies.			_____		
Taxes and licenses			_____		
Travel			_____		
Meals and entertainment.			_____		
Utilities.			_____		

Vehicle Information

Vehicle description _____ Date placed in service _____ Cost or basis _____
Business miles _____ Commuting miles _____ Other miles _____
Actual expenses such as gas, oil, repairs, etc _____ Parking fees and tolls _____

Sales, Purchases, and Disposition of Assets in 2025 (New clients, enclose detailed listing of all depreciable assets.)

Asset description	Date acquired	Purchase price	Date sold	Sales Price
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Business Use of Home

Area used exclusively for business _____ Total area of home _____
Was the home used as a day care facility? ☐ Yes ☐ No Date home placed in service _____
Casualty losses _____ Insurance _____ Rent _____
Mortgage interest _____ Repairs and maintenance _____ FMV of home _____
Real estate taxes paid _____ Utilities and other expenses _____ Value of land _____
Carryover of unallowed expenses to 2025 ☐ Yes ☐ No (if yes, enter amount) _____