

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

<input type="checkbox"/> <input type="checkbox"/> Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.
<input type="checkbox"/> <input type="checkbox"/> If "Yes," did you file Forms 1099 for the individuals?
<input type="checkbox"/> <input type="checkbox"/> Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
<input type="checkbox"/> <input type="checkbox"/> 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)

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N/A

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 & maintenance _____

Utilities _____

Other expenses _____