

## 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) . . . . .	_____	_____

## 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.