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	r (specify)	
☐ This business started or was acquired during 2022.	This business was disposed of during 2022.	
Select if this business is for: Professional gambler Exempt Notary income	Newspaper delivery and you are under 18 years of age A clergy	
If "Yes," did you file Forms 1099 for the individuals?	o is not your employee, for services provided for this business.	
You received a Paycheck Protection Program (PPP) loan If 'Yes," was any portion of the loan forgiven?	for this business.	
Income		
Gross receipts or sales	202 Other income	22
Returns & allowances		
Expenses		
202	2 202	22
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 (other business property)		
Cost of Goods Sold		
2022	2022	Les constants
Inventory at beginning of year	Materials & supplies	
Purchases	Other costs	
Cost of personal use items	Inventory at end of year	
Cost of labor	There was a change in inventory method.	

Expenses Related to Business Name:	
Auto Expense	SSN:
Name of business vehicle is used for	
Description of vehicle	
Yes No Was this vehicle available for use during off-duty hours? Was another vehicle is 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 2022	
Business: Before July 1, 2022	Commuting
After June 30, 2022	
Expenses	
Garage rent	
Gas	Tires
Insurance	
Licenses	Lease addback
Oil	
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 ex	xclusively for business?
What is the total square footage of your home?	
For daycare facilities not used exclusively for business, complete the following	ng 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 expens Mortgage interest	• 100%
Real estate taxes	In the "Office expenses" column, enter those expenses that
Excess mortgage interest	pertain exclusively to your office;
Excess real estate taxes	in the "Home expenses" column, enter those expenses that
Insurance	pertain to the entire dwelling.
Rent	
Renairs & maintenance	
Repairs & maintenance	
Other expenses	
Other expenses	