

Schedule C - Profit or Loss from Business

Name: TEST

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 2023.

This business was disposed of during 2023.

Select if this business is for:

Professional gambler

Newspaper delivery and you are under 18 years of age

Exempt Notary income

A clergy

Yes No

Payments of \$600 or more were paid to an individual, who is not your employee, for services provided for this business.

If "Yes," did you file Forms 1099 for the individuals?

Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?

If "Yes," was any portion of the loan forgiven in 2023?

Income

	2023		2023
Gross receipts or sales	_____	Other income	_____
Returns & allowances	_____		_____

Expenses

	2023		2023
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

	2023		2023
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: TEST

SSN: ***-**-****

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | | | | | |
|--|--|--|--|---|--|
| <table border="0"> <tr> <td style="width: 50%;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Was this vehicle available for use during off-duty hours? </td> <td style="width: 50%;"> Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have evidence to support your deduction? </td> </tr> <tr> <td> Yes <input type="checkbox"/> No <input type="checkbox"/> Was another vehicle available for personal use? </td> <td> Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," is the evidence written? </td> </tr> </table> | Yes <input type="checkbox"/> No <input type="checkbox"/> Was this vehicle available for use during off-duty hours? | Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have evidence to support your deduction? | Yes <input type="checkbox"/> No <input type="checkbox"/> Was another vehicle available for personal use? | Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes," is the evidence written? | |
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Mileage

Number of miles the vehicle was driven during 2023

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	_____	_____
Real estate taxes	_____	_____
Excess mortgage interest	_____	_____
Excess real estate taxes	_____	_____
Insurance	_____	_____
Rent	_____	_____
Repairs & maintenance	_____	_____
Utilities	_____	_____
Other expenses	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.