

**Schedule C - Profit or Loss from Business**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

**General Business Information**

TS \_\_\_\_\_ Professional product or service \_\_\_\_\_ Business code \_\_\_\_\_

Employer ID number \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

City \_\_\_\_\_

**U.S. only** State, ZIP \_\_\_\_\_

**Foreign only** Province/State, Country, Postal code \_\_\_\_\_

Accounting method, if not cash  Accrual  Other \_\_\_\_\_

You started or acquired this business during 2021.

Some investment is NOT at risk.

You disposed of this property during 2021.

Select if this business is for:

- Professional gambler  Paper route excluded from SE
- Exempt Notary income  Clergy Schedule C

Did you receive a Paycheck Protection Program (PPP) loan for this business?  Yes  No  
 If "Yes," was any portion of the loan forgiven?  Yes  No

Did you make any payments in 2021 that would require you to file Forms 1099?  Yes  No  
 If "Yes," did you or will you file all required Forms 1099 for the individuals?  Yes  No

**Income**

	2021	2020
Gross receipts or sales . . . . .		
Returns and allowances . . . . .		
Other income . . . . .		

**Cost of Goods Sold**

Inventory method, if not cost  Lower of cost or market  Other

Change of inventory method  Yes  No

	2021	2020
Inventory at beginning of year . . . . .		
Purchases (less cost of items withdrawn for personal use) . . . . .		
Cost of labor . . . . .		
Materials and supplies . . . . .		
Other costs (list on detail worksheet) . . . . .		
Inventory at end of year . . . . .		

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS \_\_\_\_\_

Business name \_\_\_\_\_

Profession or product \_\_\_\_\_

2021

2020

Advertising . . . . . \_\_\_\_\_

Car and truck expenses . . . . . \_\_\_\_\_

Commissions and fees . . . . . \_\_\_\_\_

Contract labor . . . . . \_\_\_\_\_

Depletion . . . . . \_\_\_\_\_

Employee benefit programs . . . . . \_\_\_\_\_

Insurance (other than health) . . . . . \_\_\_\_\_

Interest - mortgage (paid to banks, etc.) . . . . . \_\_\_\_\_

Interest - other . . . . . \_\_\_\_\_

Legal and professional services . . . . . \_\_\_\_\_

Office expenses . . . . . \_\_\_\_\_

Pension and profit sharing plans . . . . . \_\_\_\_\_

Rent or lease (vehicles, machinery, and equipment) . . . . . \_\_\_\_\_

Rent (other business property) . . . . . \_\_\_\_\_

Repairs and maintenance . . . . . \_\_\_\_\_

Supplies . . . . . \_\_\_\_\_

Taxes and licenses (including real estate taxes) . . . . . \_\_\_\_\_

Travel . . . . . \_\_\_\_\_

Total meals . . . . . \_\_\_\_\_

Utilities . . . . . \_\_\_\_\_

Wages . . . . . \_\_\_\_\_

Family health coverage payments for taxpayer, spouse or dependents . . . . . \_\_\_\_\_

Other expenses (list): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Auto Expense Worksheet

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

### General Information

For \_\_\_\_\_

Business name and profession/product \_\_\_\_\_

Description \_\_\_\_\_

Date placed in service \_\_\_\_\_

Was this vehicle available for use during off-duty hours?  Yes  No

Do you or your spouse have another vehicle available for personal use?  Yes  No

Do you have evidence to support your deduction?  Yes  No

If "Yes," is the evidence written?  Yes  No

**Enter the number of miles your vehicle was used for:**

**2021**

**2020**

**Prior year total**

Business . . . . . \_\_\_\_\_

Commuting . . . . . \_\_\_\_\_

Other . . . . . \_\_\_\_\_

Business

Total

### Expenses

**2021**

**2020**

Garage rent . . . . . \_\_\_\_\_

Gas . . . . . \_\_\_\_\_

Insurance . . . . . \_\_\_\_\_

Licenses . . . . . \_\_\_\_\_

Oil . . . . . \_\_\_\_\_

Parking fees . . . . . \_\_\_\_\_

Rental fees . . . . . \_\_\_\_\_

Interest . . . . . \_\_\_\_\_

Property tax . . . . . \_\_\_\_\_

Repairs . . . . . \_\_\_\_\_

Tires . . . . . \_\_\_\_\_

Tolls . . . . . \_\_\_\_\_

Lease addbacks . . . . . \_\_\_\_\_

Other expenses (list):

Apply business %

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_