

**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 2022.

This business was disposed of during 2022.

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?

You received a Paycheck Protection Program (PPP) loan for this business.

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

**Income**

	2022	2021		2022	2021
Gross receipts or sales . . . . .	_____	_____	Other income . . . . .	_____	_____
Returns & allowances . . . . .	_____	_____			

**Expenses**

	2022	2021		2022	2021
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**

	2022	2021		2022	2021
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 is available for personal use?

Yes No  
  Do you have evidence to support your deduction?  
  If "Yes," is the evidence written?

Number of miles the vehicle was driven during 2022		2022	2021	Total number of miles the vehicle was driven in prior years		2022	2021
Business:	Before July 1	_____	_____	Business	.....	_____	_____
	After June 30	_____	_____	Total	.....	_____	_____
Commuting	.....	_____	_____				
Other	.....	_____	_____				

Expenses		2022	2021	Expenses		2022	2021
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		
	2022	2021	2022	2021	
Mortgage interest	_____	_____	_____	_____	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.
Real estate taxes	_____	_____	_____	_____	
Excess mortgage interest	_____	_____	_____	_____	
Excess real estate taxes	_____	_____	_____	_____	
Insurance	_____	_____	_____	_____	
Rent	_____	_____	_____	_____	
Repairs & maintenance	_____	_____	_____	_____	
Utilities	_____	_____	_____	_____	
Other expenses	_____	_____	_____	_____	

