

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

Table with 2 columns for 2022 and 2 rows: Gross receipts or sales, Other income; Returns & allowances

Expenses

Table with 2 columns for 2022 and 2 rows for each category: Advertising, Car & truck expenses, Commissions & fees, Contract labor, Depletion, Employee benefit programs, Insurance (other than health), Interest - mortgage, Interest - other, Legal & professional services, Office expenses, Pension & profit sharing plans, Rent or lease (vehicles, machinery, & equipment), Rent (other business property); Repairs & maintenance, Supplies, Taxes & licenses, Travel, Total meals, Utilities, Wages, Family health coverage payments for taxpayer, spouse or dependents, Other expenses (list)

Cost of Goods Sold

Table with 2 columns for 2022 and 2 rows for each category: 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:

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?

Mileage

Number of miles the vehicle was driven during 2022

Business: Before July 1, 2022
After June 30, 2022
Commuting
Other

Expenses

Garage rent
Gas
Insurance
Licenses
Oil
Parking fees
Rental fees
Interest
Property tax
Repairs
Tires
Tolls
Lease addback
Other expenses

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.