

Name _____

SSN _____

Self-Employed Business Income and Expenses (Schedule C)

Enter "X" in one box: Filer Spouse

General Information

Employer Identification Number _____ (do not enter Social Security Number)

Principal business or profession _____

Business name _____

Business address _____

City _____ State _____ Zip _____

Foreign Country _____

Foreign Province/State _____ Postal Code _____

General Check Boxes (Enter "X" where applicable)

- 1 Accounting Method Cash Accrual Other - (Specify) _____
- 2 Did you "materially participate" in this business? Yes No
- 3 Check ('X') if you started or acquired this business in 2023.
- 4 Did you make any payments in 2023 that would require you to file Form(s) 1099? Yes No

Business Income

* Report statutory income as W-2 income.

Gross receipts or sales not reported on Form 1099 or Form W-2

- 5 _____ 5
- 6 _____ 6
- 7 _____ 7
- 8 _____ 8
- 9 _____ 9
- 10 _____ 10
- 11 _____ 11
- 12 _____ 12
- 13 _____ 13
- 14 _____ 14
- 15 Income reported on 1099 MISC 15
- 16 Gross amount of payment card/third party network transactions from Form 1099-K 16
- 17 Professional gambler winnings from Form W2-G 17
- 18 Gross installment sales less cost of goods sold 18
- 19 Returns and allowances 19
- 20 Other income 20

	Current Year Amount	Prior Year Amount
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Inventory (Enter "X" where applicable)

- 21 Method(s) used to value closing inventory Cost Lower of cost or market Other
- 22 Any change in determining quantities, costs, or valuations between opening and closing inventory? Yes No

- 23 Inventory at the beginning of year 23
- 24 Purchases less cost of items withdrawn for personal use 24
- 25 Cost of labor 25
- 26 Materials and supplies 26
- 27 Other Costs 27
- 28 Inventory at end of year 28

	Current Year Amount	Prior Year Amount
23		
24		
25		
26		
27		
28		

Assets Placed in Service This Year

Description:

- A _____ A
- B _____ B
- C _____ C
- D _____ D
- E _____ E
- F _____ F
- G _____ G

	Date Placed In Service	Purchase Amount
A		
B		
C		
D		
E		
F		
G		

Name _____

SSN _____

Business _____

Self-Employed Business Expenses Cont. (Schedule C)

Expenses		Current Year Amount	Prior Year Amount
29	Advertising		
30	Contract labor		
31	Commissions and fees		
32	Depletion		
33	Employee benefit programs (other than on line 39)		
34	Insurance (other than health)		
Interest:			
35	Mortgage (paid to banks, etc.)		
36	Other		
37	Legal and professional services		
38	Office expense		
39	Pension and profit-sharing plans		
Rent or Lease:			
40	Machinery rental or lease		
41	Equipment rental or lease		
42	_____		
43	_____		
44	_____		
	Other business property rental or lease		
45	_____		
46	_____		
47	_____		
48	Repairs and maintenance		
49	Supplies (not included in inventory cost of goods sold)		
50	Taxes and licenses		
Travel and Meals:			
Travel			
51	_____		
52	_____		
53	_____		
54	_____		
Meals			
55	Enter "X" in the box if subject to DOT hours of service limits	<input type="checkbox"/>	<input type="checkbox"/>
56	Meals subject to the Standard meal allowance that are 100% deductible after the federal M&IE rate is applied		
Meals subject to percentage limitation			
57	_____		
58	_____		
59	_____		
60	_____		
61	_____		
Meals not subject to percentage limitation (100% allowed)			
62	_____		
63	_____		
64	_____		
65	_____		
66	Utilities		
67	Wages		
Other Expenses:			
68	_____		
69	_____		
70	_____		
71	_____		
72	_____		
73	_____		
74	_____		
75	_____		
76	_____		