

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

		Current Year Amount	Prior Year Amount
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15	Income reported on 1099-MISC		
16	Gross amount of payment card/third party network transactions from Form 1099-K		
17	Professional gambler winnings from Form W-2-G		
18	Gross installment sales less cost of goods sold		
19	Returns and allowances		
20	Other income		

Inventory (Enter "X" where applicable)

21	Method(s) used to value closing inventory	<input type="checkbox"/> Cost <input type="checkbox"/> Lower of cost or market <input type="checkbox"/> Other	
22	Any change in determining quantities, costs, or valuations between opening and closing inventory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		Current Year Amount	Prior Year Amount
23	Inventory at the beginning of year		
24	Purchases less cost of items withdrawn for personal use		
25	Cost of labor		
26	Materials and supplies		
27	Other Costs		
28	Inventory at end of year		

Assets Placed in Service This Year

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

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Business _____

Self-Employed Business Expenses Cont. (Schedule C)

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

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Business _____

Vehicle Information (Schedule C)

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

		Vehicle -		Vehicle -	
		Current Year Amount	Prior Year Amount	Current Year Amount	Prior Year Amount
1	Date vehicle was placed in service	1			
2	Cost of vehicle	2			
3	Total miles driven for the year	3			
4	Business miles driven during the year	4			
5	Commuting miles included on line 3	5			
6	Parking fees and tolls	6			
7	Vehicle Interest	7			
8	Vehicle Personal Property tax	8			
Actual Expenses					
9	Gasoline, oil and repairs	9			
10	Vehicle Insurance	10			
11	Vehicle registration fees	11			
12	Vehicle lease or rental	12			
13	_____	13			

Name _____

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Home Office Number _____

Description of Home Office _____

Address _____

City _____ State _____ Zip _____

Check ("X") box:

☐ Daycare

Home Office Expenses

Area of Home

1 Area used regularly and exclusively for business, regularly for daycare, or for storage of inventory or product samples 1

2 Total area of home 2

Daycare only - Part of Home Used Nonexclusively for Daycare

3 Multiply days used for daycare during year by hours used per day 3

4 Enter total hours home was available for daycare during year 4

Expenses related to entire home including business portion (Indirect)

5 Casualty losses 5

6 Excess mortgage interest 6

7 Excess real estate taxes 7

8 Insurance 8

9 Rent 9

10 Repairs and maintenance 10

11 Utilities 11

12 Other Expenses:

a _____ 12a

b _____ 12b

c _____ 12c

d _____ 12d

e _____ 12e

Business Allocation:

Business 1: _____

Business 2: _____

Business 3: _____

Business 4: _____

Current Year Amount	Prior Year Amount

Current Year Allocation %	Prior Year Allocation %

Business:

Additional expenses related to business portion only (Direct)

13 Casualty losses 13

14 Excess mortgage interest 14

15 Excess real estate taxes 15

16 Insurance 16

17 Rent 17

18 Repairs and maintenance 18

19 Utilities 19

20 Other Expenses:

a _____ 20a

b _____ 20b

c _____ 20c

d _____ 20d

e _____ 20e

Current Year Amount	Prior Year Amount
