

SCHEDULE C - PROFIT OR LOSS FROM BUSINESS

____ Taxpayer ____ Spouse

Business/Profession/Product or Service: _____
 Business Name: _____

Business Code: _____
 Fed ID#: _____

Taxpayer started or acquired this business during 2022

Taxpayer disposed of business in 2022

Taxpayer made payments in 2022 that would require taxpayer to file forms 1099
 If "Yes," did or will taxpayer file all required Forms 1099? Yes ___ No ___

PART I: Income

Gross receipts/sales	\$	
Returns & allowances	\$	
Other income	\$	
1099	\$	1099
1099	\$	1099
1099	\$	1099

PART II: Expenses

Advertising	\$	Pensions/profit share	\$
Car/Truck Exp	ON BACK	Rent-vehicle, machinery	\$
Commissions/Fees	\$	Rent - other	\$
Cont Labor <input type="checkbox"/> 1099	\$	Repairs/maintenance	\$
Depreciation	ON BACK	Supplies	\$
Employee Benefits	\$	Taxes & licenses	\$
Insurance	\$	Sales	\$
Liability	\$	Payroll	\$
Building	\$	Property	\$
Work Comp	\$	Unemployment	\$
Interest - mortgage	\$	Travel; Motel, Tickets	\$
Interest - other	\$	# of overnites	/days @
Legal & Professional	\$	Meals (50%)	\$
Office expense	\$	Meals (80%)	\$
		Meals (100%)	\$
		Utilities	\$
		Gas	\$
		Electric	\$
		Sewer & water	\$
Family Health Coverage	\$	Wages (include child)	\$

PART III Cost of Goods Sold

Beginning inventory	\$
Purchase less personal	\$
Cost of labor	\$
Materials & supplies	\$
Other costs	\$
Ending inventory	\$

OTHER EXPENSES:

Bank charges	\$
Cell phone	\$
Computer exp	\$
Credit card fees	\$
Education	\$
Internet	\$
Mbshp & Dues	\$
Postage	\$
Telephone	\$
Trash & cleaning	\$
Web site	\$

OVER

AUTO EXPENSE: MILEAGE OR

EXPENSE METHOD _____ % Business

Year/Make/Model	_____	
Date In Service	_____	
Available off-duty hours?	YES	NO
Another vehicle for personal use?	YES	NO
Evidence to support deduction?	YES	NO
If YES, is evidence written?	YES	NO
Business miles	_____	
Jan-June @.585/mile	_____	miles
July-Dec @.625/mile	_____	miles
Non-business miles	_____	

Garage Rent	\$ _____	Repairs	\$ _____
Gas	\$ _____	Tires	\$ _____
Insurance	\$ _____	Tolls	\$ _____
Licenses	\$ _____		\$ _____
Oil	\$ _____		\$ _____
Parking Fees	\$ _____		\$ _____
Rental Fees	\$ _____		\$ _____
Interest	\$ _____		\$ _____
Property Tax	\$ _____		\$ _____

TRADE INS:

Old	New	Date Bought	Amount to Boot

If using home for office in home:

Value of Home \$ _____ Price paid + Improvements \$ _____

DEPRECIATION – 4562

Description	Date Acquired	Cost/Basis	Business % Use	Method	Life

8829 – OFFICE IN HOME

Square feet of home used for business _____

Total square feet of home _____ = _____ %

Use the simplified method

\$5.00 per footage maximum of 300sq feet (\$1,500 max deduction) \$5.00 x _____ square footage

Total hours used for daycare _____

NOT DIRECTLY related to the home office

Casualty losses	\$ _____
Deductible mortgage interest	\$ _____
Real estate taxes	\$ _____
Excess mortgage interest	\$ _____
Excess real estate taxes	\$ _____
Insurance	\$ _____
Rent	\$ _____
Repairs and maintenance	\$ _____
Improvements	\$ _____

Utilities:	_____
Gas	\$ _____
Electric	\$ _____
Sewer & water	\$ _____
Internet	\$ _____
Telephone	\$ _____
Cable/TV	\$ _____
Other expenses	\$ _____
Lawn and snow	\$ _____