

Name: _____

Business income and Expenses

Your principal business or profession: _____

Is this your spouse's Schedule C? _____

Business Name: _____

Business Code: _____

Business Address: _____

Federal Employer ID: _____

Accounting Method: Cash _____ Accrual _____

Enter date if you disposed of or sold this business during the year _____

Business Vehicle 2025

Date placed in service _____

Miles used for Business _____

Commuting _____

Other _____

Part I Income

Gross receipts or sales _____

Returns and allowances _____

Other Income _____

Part II Expenses

Advertising _____

Car/Truck Expenses _____

Commissions _____

Contract labor _____

Depletion _____

Employee Benefit programs _____

Insurance _____

Interest - mortgage _____

Interest - other _____

Legal and professional services _____

Office expense _____

Pension and profit sharing _____

Rent or lease - vehicles, machinery _____

Rent - Other business property _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses _____

Travel _____

Meals _____

Utilities _____

Wages _____

Enter prior year unallowed loss (if any) _____

Other Expenses

Inventory at beginning of the year: _____

Inventory at end of the year _____