

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Professional product or service _____ Business code _____

Employer ID number _____

Business name _____

Business address _____

City _____

U.S. only State, ZIP _____

Foreign only Province / state, Country, Postal code _____

Accounting method, if not cash Accrual Other _____

- This business was started or acquired during 2023.
- Some investment is NOT at risk.
- This business was disposed of during 2023.

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?
- Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?
- If "Yes," was any portion of the loan forgiven in 2023?

Income

	2023	2022
Gross receipts or sales	_____	_____
Returns and allowances	_____	_____
Other income	_____	_____

Cost of Goods Sold

Inventory method, if not cost Lower of cost or market Other

Change of inventory method Yes No

	2023	2022
Inventory at beginning of year	_____	_____
Purchases (less cost of items withdrawn for personal use)	_____	_____
Cost of labor	_____	_____
Materials and supplies	_____	_____
Other costs (list on detail worksheet)	_____	_____
Inventory at end of year	_____	_____

Schedule C - Profit or Loss from Business

Name:

SSN:

Expenses

TS _____

Business name _____

Profession or product _____

2023

2022

Advertising _____

Car and truck expenses _____

Commissions and fees _____

Contract labor _____

Depletion _____

Employee benefit programs _____

Insurance (other than health) _____

Interest - mortgage (paid to banks, etc.) _____

Interest - other _____

Legal and professional services _____

Office expenses _____

Pension and profit-sharing plans _____

Rent or lease (vehicles, machinery, and equipment) _____

Rent (other business property) _____

Repairs and maintenance _____

Supplies _____

Taxes and licenses (including real estate taxes) _____

Travel _____

Total meals _____

Utilities _____

Wages _____

Family health coverage payments for taxpayer, spouse or dependents _____

Other expenses (list):

Auto Expense Worksheet

Name: _____

SSN: _____

General Information

For _____

Business name and profession / product _____

Description _____

Date placed in service _____

Was this vehicle available for personal use during off-duty hours? Yes No

Do you or your spouse have another vehicle available for personal use? Yes No

Do you have evidence to support your deduction? Yes No

If "Yes," is the evidence written? Yes No

Enter the number of miles your vehicle was used for:

2023

2022

Prior year total

Business	_____	_____	Business	_____
Commuting	_____	_____	Total	_____
Other	_____	_____		

Expenses

Garage rent	_____	_____	_____
Gas	_____	_____	_____
Insurance	_____	_____	_____
Licenses	_____	_____	_____
Oil	_____	_____	_____
Parking fees	_____	_____	_____
Rental fees	_____	_____	_____
Interest	_____	_____	_____
Property tax	_____	_____	_____
Repairs	_____	_____	_____
Tires	_____	_____	_____
Tolls	_____	_____	_____
Lease addbacks	_____	_____	_____
Other expenses (list):	Apply business %		
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	_____	_____

Adjustments

Name: _____

SSN: _____

Moving Expenses

TSJ _____

Select this box and complete the fields below only if you are a member of the armed forces on active duty, and moved due to a military order for a permanent change of station.

2023

2022

Enter the number of miles from your OLD home to your NEW workplace		
Enter the number of miles from your OLD home to your OLD workplace		
Enter the amount you paid for transportation and storage of household goods and personal effects . . .		
Enter the amount you paid for travel and lodging expenses incurred during the move (do NOT include meals)		
Enter the amount of moving expenses reimbursed to you by your employer		

Self-Employed Health Insurance

TSJ _____

2023

2022

Enter the qualified long-term care amount		
Enter your Medicare wages from an S corporation		

Self-Employed Pensions

TSJ _____

2023

2022

Enter your plan contribution rate as a decimal		
Enter your allowable elective deferrals made during 2023		
Enter your catch-up contributions		
Enter the amount of designated ROTH contributions included above		

Nondeductible IRAs

TS _____

This person is covered by a retirement plan at work or through self-employment.

2023

2022

Total traditional IRA contributions made for 2023		
Amount included above that was contributed between 1/1/2024 and 4/15/2024		
Total basis of traditional IRAs as of 12/31/2023		
Distributions you received from traditional, SEP, and Simple IRAs. (Do not include rollovers.)		
<input type="checkbox"/> Distributions received were used for disaster relief		
Amount of traditional IRAs converted to ROTH IRAs		
IRA basis before conversion		
Total ROTH IRA contributions made for 2023		

Health Savings Account

TS _____

2023

2022

The taxpayer's coverage is under a high-deductible health plan for:

Taxpayer only Family

HSA contributions made for 2023		
Total distributions from all HSAs during 2023		
Distributions included above that were rolled over into another HSA account		
Qualified medical expenses paid using HSA distributions		