Schedule C - General Information

☐ **Preparer use only**

	2024 Information		Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)		[2]	
Employer identification number		[3]	
Business name		[5]	
Principal business/profession		[6]	
Business code		[12]	
Business address, if different from home address on Organizer Form ID: 1040			
Address		[15]	
City/State/Zip	[16] [17]	[18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)		[19]	
If other:		[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)		[22]	
If other enter explanation:		[24]	
Enter an explanation if there was a change in determining your inventory:		[25]	
Did you "materially participate" in this business? (Y, N)		[26]	
If not, number of hours you did significantly participate		[28]	
Mark if you began or acquired this business in 2024		[30]	
Did you make any payments in 2024 that require you to file Form(s) 1099? (Y, N)		[31]	
If "Yes", did you or will you file all required Forms 1099? (Y, N)		[33]	
Mark if this business is considered related to qualified services as a minister or religious worker		[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)		[37]	
Medical insurance premiums paid by this activity	+	[40]	
Long-term care premiums paid by this activity	+	[44]	
Amount of wages received as a statutory employee	+	[47]	

Business Income

		2024 Information		Prior Year Information
Gross receipts and sales				
	+		[52]	
	+			
	+			
	+			
Returns and allowances	+		[55]	
Other income:				
	+		[57]	
	+			
	+			
	+			

Cost of Goods Sold

		2024 Information		Prior Year Information
Beginning inventory	+		[59]	
Purchases	+		[61]	
Labor:				
	+		[63]	
	+			
Materials	+		[65]	
Other costs:				
	+		[67]	
	+			
	+			
	+			
Ending inventory	+		[69]	

Schedule C - Expenses

☐ **Preparer use only**

Principal business or profession _____

	2024 Information		Prior Year Information
Advertising	+	[6]	
Car and truck expenses	+	[8]	
Commissions and fees	+	[10]	
Contract labor	+	[12]	
Depletion	+	[14]	
Depreciation	+	[16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):			
	+	[18]	
	+		
Insurance (Other than health):			
	+	[20]	
	+		
Interest:			
Mortgage (Paid to banks, etc.)			
	+	[22]	
	+		
	+		
Other:			
	+	[24]	
	+		
Legal and professional services	+	[26]	
Office expense	+	[29]	
Pension and profit sharing:			
	+	[31]	
	+		
Rent or lease:			
Vehicles, machinery, and equipment	+	[33]	
Other business property	+	[35]	
Repairs and maintenance	+	[37]	
Supplies	+	[39]	
Taxes and licenses:			
	+	[41]	
	+		
	+		
	+		
	+		
Travel and meals:			
Travel	+	[43]	
Meals (Enter 100% subject to 50% limitation)	+	[45]	
Meals (Enter 100% subject to DOT 80% limit)	+	[47]	
Meals (Fully deductible)	+	[49]	
Utilities	+	[51]	
Wages (Less employment credit):			
	+	[53]	
	+		
Other expenses:			
	+	[55]	
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		
	+		

	Control Totals +		**Form ID: C-2**