

Schedule C - Profit or Loss from Business

Name: _____

SSN: _____

General Business Information

TS _____ Business name _____ Employer ID number _____

Professional product or service _____

Business address, city, state, ZIP _____

Accounting Method: Cash Accrual Other (specify) _____

This business started or was acquired during 2021. This business was disposed of during 2021.

Select if this business is for:

- Professional gambler Exempt Notary income
- Newspaper delivery and you are under 18 years of age 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," you filed Forms 1099 for the individuals?
 - You received a Paycheck Protection Program (PPP) loan for this business.
 - If "Yes," was any portion of the loan forgiven?

Income

	2021	2020		2021	2020
Gross receipts or sales	_____	_____	Other income	_____	_____
Returns & allowances	_____	_____		_____	_____

Expenses

	2021	2020		2021	2020
Advertising	_____	_____	Repairs & maintenance	_____	_____
Car & truck expenses	_____	_____	Supplies	_____	_____
Commissions & fees	_____	_____	Taxes & licenses	_____	_____
Contract labor	_____	_____	Travel	_____	_____
Depletion	_____	_____	Total meals	_____	_____
Employee benefit programs	_____	_____	Utilities	_____	_____
Insurance (other than health)	_____	_____	Wages	_____	_____
Interest - mortgage	_____	_____	Family health coverage payments for taxpayer, spouse or dependents	_____	_____
Interest - other	_____	_____	Other expenses (list)	_____	_____
Legal & professional services	_____	_____		_____	_____
Office expenses	_____	_____		_____	_____
Pension & profit sharing plans	_____	_____		_____	_____
Rent or lease (vehicles, machinery, & equipment)	_____	_____		_____	_____
Rent (other business property)	_____	_____		_____	_____

Cost of Goods Sold

	2021	2020		2021	2020
Inventory at beginning of year	_____	_____	Materials & supplies	_____	_____
Purchases	_____	_____	Other costs	_____	_____
Cost of personal use items	_____	_____	Inventory at end of year	_____	_____
Cost of labor	_____	_____	<input type="checkbox"/> There was a change in inventory method.		

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|--|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Was this vehicle available for use during off-duty hours?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was another vehicle is available for personal use?</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you have evidence to support your deduction?</p> <p><input type="checkbox"/> <input type="checkbox"/> If "Yes," is the evidence written?</p> |
|--|--|

Number of miles the vehicle was driven during 2021	2021	2020	Total number of miles the vehicle was driven in prior years	2021	2020
Business	_____	_____	Business	_____	_____
Commuting	_____	_____	Total	_____	_____
Other	_____	_____			

Expenses	2021	2020	Expenses	2021	2020
Garage rent	_____	_____	Repairs	_____	_____
Gas	_____	_____	Tires	_____	_____
Insurance	_____	_____	Tolls	_____	_____
Licenses	_____	_____	Lease addback	_____	_____
Oil	_____	_____	Other expenses		_____
Parking fees	_____	_____	_____	_____	_____
Rental fees	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____
Property tax	_____	_____			

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business? _____

What is the total square footage of your home? _____

For daycare facilities not used exclusively for business, complete the following questions:

- How many days during the year was the area used? _____
- How many hours per day was the area used? _____
- The daycare facility was in operation for the entire year

Expenses	Office expenses		Home expenses	
	2021	2020	2021	2020
Mortgage interest	_____	_____	_____	_____
Real estate taxes	_____	_____	_____	_____
Excess mortgage interest	_____	_____	_____	_____
Excess real estate taxes	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Rent	_____	_____	_____	_____
Repairs & maintenance	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Other expenses	_____	_____	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.

Asset Listing for 2021

Name: _____

SSN: _____

Assets for:

Description of property	Date acquired	Cost/Basis	Date disposed of	Sales price	Expense of sale