

2024 Business

Taxpayer Name _____ SSN _____
Schedule C _____
Owned by _____ Filer _____ Spouse _____

General Information

If no change from prior year check here _____

Employer Identification Number _____ Do not enter Security number.
Provide SS4 letter issued by IRS with EIN number

Principle business or profession _____
Business Name _____
Business Address _____
City _____ State _____ Zip _____

Foreign Country _____

Foreign Province / State _____ Postal Code _____

Accounting method _____ Cash _____ Accrual _____ Other _____

Did you "materially participate" in the business? _____ Yes _____ No

Did you make any payments in 2024 that would require you to file Form(s) 1099? _____ Yes _____ No
If yes, please provide copies.

Business Income

Gross Receipts of Sales not reported on Form 1099 or Form W-2 Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Income Reported on 1099 Misc	Amount
Gross amount of payment card/third party network transactions from Form 1099K	_____
Professional gambler winning from Form W2-G	_____
Gross installment sales less cost of goods sold	_____
Returns and allowances	_____
Other Income	_____

Inventory. Cost basis of inventory evaluation unless otherwise indicated.

Inventory at the beginning of the year	_____
Purchases less cost of items withdrawn for personal use	_____
Cost of labor	_____
Materials and supplies	_____
Other inventory costs	_____
Inventory at the end of year	_____

Assets Placed in Service during 2024 Any item costing more than \$1,000 & will last more than one year.

Description	Date Placed in Service	Purchase amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Expenses

Advertising	_____
Contract labor	_____
Commission and fees	_____
Employee benefit programs	_____
Insurance (other than health)	_____
Health Insurance Owners	_____
Health Insurance Employees	_____
Interest	_____
Legal and professional fees	_____
Office expense	_____
Equipment rental	_____
Office rent	_____
Lot rent (not included in office rent)	_____
Storage rent	_____
Repairs and Maintenance	_____

Supplies (not included in inventory cost of goods sold)

Taxes and licenses

Travel Lodging

Meals while traveling

Meals with clients/customers

Utilities

Wages. Provide copies of W2s

Other expenses:

Taxpayer Certification

The information provided is complete and accurate to the best of my knowledge.

Signature

Printed name

Date