

2025 Business

Taxpayer Name _____ Social _____
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 _____

Accounting method _____ Cash _____ Accrual _____ Other _____

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

Did you make any payments in 2025 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

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Purchases less cost of items withdrawn for personal use	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 2025 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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

When the return is complete, how do you want to receive your copy?

_____	Digital copy only.
	We can upload to our client portal or email to you with password protection.
_____	Print a paper copy for me.

Taxpayer Certification

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

_____	_____	_____
Signature	Printed name	Date