

SCHEDULE C – GENERAL INFORMATION

Business Name _____
Federal Identification Number _____ Activity Code: _____
Accounting method: Cash _____ Accrual _____ Other (Explain) _____
Total Medical Insurance Premiums Paid in 2025 \$ _____
Did you start your business in 2025? Yes No
Did you make any payments in 2025 that require a 1099? Yes No
If yes, did you or will you file all required Form 1099's? Yes No

BUSINESS INCOME:

Gross receipts or sales \$ _____
Returns and allowances \$ _____
Other Income: _____
\$ _____
\$ _____

TOTAL INCOME: \$ _____

COST OF GOODS SOLD:

Beginning Inventory \$ _____
Purchases \$ _____
Labor \$ _____
Materials \$ _____
Other costs: _____
\$ _____
Ending Inventory \$ _____

TOTAL COST OF GOODS SOLD \$ _____

GROSS PROFIT \$ _____

EXPENSES:

Advertising \$ _____
Vehicle expenses/ \$.70 _____ Miles \$ _____
Make/Model _____ Business Miles _____ Total Miles _____
Commissions and fees \$ _____
Employee benefit programs \$ _____
Insurance (Other than health) \$ _____
Interest: _____
Mortgage (Paid to banks, etc. per 1098) \$ _____
Other \$ _____
Legal and professional services \$ _____
Office expense \$ _____
Pension and profit sharing \$ _____
Rent or lease: _____
Vehicles, machinery, and equipment \$ _____
Other business property \$ _____
Repairs and maintenance \$ _____
Supplies \$ _____
Taxes and licenses: _____
Sales Tax \$ _____
Personal Property Tax \$ _____
Payroll Tax \$ _____
Real Estate Tax \$ _____
Travel, meals, and entertainment: _____
Travel & Lodging \$ _____
Meals and entertainment- \$68 & \$80-truckers(Enter 100%) _____ X
(50% normal; DOT workers 80%) = _____ \$ _____
Utilities \$ _____
Wages \$ _____
Other expenses: _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

TOTAL EXPENSES \$ _____

NET PROFIT (LOSS) \$