

Schedule C - Profit or Loss from Business

Name:

SSN:

General Business Information

TS _____ Professional product or service _____ Employer ID number _____

Business name _____

Business address, city, state, ZIP _____

Accounting Method: ☐ Cash ☐ Accrual ☐ Other (specify) _____☐ This business started or was acquired during 2025.☐ This business was disposed of during 2025.

Select if this business is for:

☐ Professional gambler☐ Newspaper delivery and you are under 18 years of age☐ Exempt Notary income☐ 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," did you file Forms 1099 for the individuals?☐ ☐ Did you receive a Paycheck Protection Program (PPP) loan for this business prior to June 1, 2021?☐ ☐ If "Yes," was any portion of the loan forgiven in 2025?

Income

2025

2025

Gross receipts or sales _____ Other income _____

Returns & allowances _____ _____

Expenses

2025

2025

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

Interest - other _____ for taxpayer, spouse or dependents

Legal & professional services _____ Other expenses (list) _____

Office expenses _____ _____

Pension & profit-sharing plans _____ _____

Rent or lease (vehicles, machinery, & equipment) _____ _____

Rent (other business property) _____ _____

Cost of Goods Sold

2025

2025

Inventory at beginning of year _____ Materials & supplies _____

Purchases _____ Other costs _____

Cost of personal use items _____ Inventory at end of year _____

Cost of labor _____ ☐ There was a change in inventory method.

CLIENT REPRESENTATION: VEHICLE INFORMATION FOR TAX YEAR 2025

NAME OF TAXPAYER: _____

In accordance with Treasury Department Regulations governing preparers of tax returns, I am requesting each client to carefully complete and sign the following if you are claiming any vehicle travel expense items.

	Vehicle 1	Vehicle 2	Vehicle 3
Year of Vehicle			
Make and Model			
Name of Driver			
<u>Disclosure Requirements:</u>			
1. Date Vehicle placed in service for business use			
2. End of Year Odometer Reading			
3. Beginning of Year Odometer Reading			
4. Total Miles driven during entire year for all purposes			
5. Business miles driven in 2025			
6. Total Commuting miles driven in 2025			
7. Total other personal (not commuting) miles driven during the year			
8. Total miles driven during the year - Please add lines 5 to 7 (This should equal line 4)			
9. Average daily round trip commute (home to work and back)			
<u>Substantiation Requirements:</u>	<u>Yes/No</u>	<u>Yes/No</u>	<u>Yes/No</u>
1. Was the vehicle available for personal use during off duty hours?			
2. Is another vehicle available for personal use?			
3. Was the vehicle used primarily by an owner/partner/shareholder?			
4. Do adequate records of sufficient evidence exist to justify the business miles being claimed?			
5. Is the evidence of these miles written?			
6. Is this vehicle leased?			
7. Have you deducted expenses in the past for this vehicle?			
8. Did you buy, sell or trade this vehicle in 2025? If yes, provide documentation and details			

If you want to claim actual expenses for these vehicles, I will need the amount of gas purchased, repairs, insurance, lease payments, supplies, etc. separately for each vehicle.

I declare that I have examined this information, and to the best of my knowledge and belief, it is true, correct and complete.

Signature: _____ **Date:** _____

To determine if actual expenses are greater than standard mileage, complete this table:

ACTUAL VEHICLE EXPENSES:	Vehicle 1	Vehicle 2	Vehicle 3
Cost of vehicle when purchased			
Date vehicle was originally purchased			
Gas/Fuel			
Insurance			
Repairs			
Licenses & Registrations			
Lease Cost			
Interest			
Tires			
Tolls & Parking fees			
Oil			
Other			

IN HOME OFFICE DEDUCTION:

Yes/No Do you operate a business out of your home?
If no, stop here.

Yes/No Do you have an area you use regularly and exclusively for business purposes?
If no, stop here.

Yes/No Do you want to claim an in-home office deduction if you meet the requirements?
If no, you can skip the remaining questions.

Square footage of entire home	
Square footage of area used regularly & exclusively for the business	
Do you want to claim the standard allowance for the in-home office deduction or actual expense? (If actual complete info below)	Standard /Actual
<u>Expenses:</u>	
Mortgage Interest	\$
Property taxes	\$
Homeowner's insurance	\$
Rent	\$
Repairs & maintenance	\$
Utilities	\$
Heat	\$
Garbage Collection fees	\$
Other	

**CLIENT REPRESENTATION WITH REGARD TO TRAVEL,
ENTERTAINMENT AND GIFTS
FOR THE TAX YEAR 2025**

NAME OF TAXPAYER/BUSINESS: _____

In accordance with Treasury Department Regulations governing preparers of tax returns, I am requesting each client to sign the following in any case where a deduction for auto, travel, meals, and/or gifts is being claimed on a tax return I am preparing:

I state that I have maintained adequate records and/or sufficient evidence corroborating my deduction for travel, meals, and/or gifts. Specifically, my records substantiate (a) the amount of such expense or other item; (b) the time and place of travel, or the date and description of the gift; (c) the business purpose of the expense or other item; and (d) the business relationship to me of persons fed or receiving the gift.

I understand fully that you are not in any way undertaking to audit and/or verify the facts as I submitted them to you. Upon request of the taxing authorities, I will furnish any necessary substantiation to support the numbers I have provided to you for this tax return.

I am aware that entertainment expenses are no longer a deduction and have segregated them from other deductible items.

Signature: _____

Date: _____

Title: _____