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## **Schedule C - General Information**

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Preparer use only		
	2024 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	_[2]	
Employer identification number	[3]	
	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form II	D: 1040	
Address	[15]	
City/State/Zip	[16] [17] [18]	
Accounting method (1 = Cash, 2 = Accrual, 3 = Other)	_[19]	_
If other:	[21]	
Inventory method (1 = Cost, 2 = LCM, 3 = Other)	_[22]	_
If other enter explanation:		
	[24]	
Enter an explanation if there was a change in determining your invent	cory:	
	[25]	
Did you "materially participate" in this business? (Y, N)	[26]	_
If not, number of hours you did significantly participate	[28]	
Mark if you began or acquired this business in 2024	_[30]	
Did you make any payments in 2024 that require you to file Form(s) 10	099? (Y, N)[31]	_
If "Yes", did you or will you file all required Forms 1099? (Y, N)	_[33]	_
Mark if this business is considered related to qualified services as a mi	nister or religious worker [35]	
Did you receive wages as a statutory employee or as a minister? (1 = sta	atutory employee, 2 = Minister) [37]	_
Medical insurance premiums paid by this activity	+[40]	
Long-term care premiums paid by this activity	+ [44]	
Amount of wages received as a statutory employee	+ [47]	
Busines	s Income	
	2024 Information	Prior Year Information
Gross receipts and sales		
	+[52]	
	+	
	+	
	'	
Returns and allowances	+ [55]	
Other income:	т[33]	
other income.	-	
	+[57]	
	+	
	+	
Cost of G	ioods Sold	
	2024 Information	Prior Year Information
Beginning inventory	+[59]	
Purchases	+[61]	
Labor:		
	+[63]	
	+	
Materials	+[65]	
Other costs:		

Ending inventory		+	[69]	
	Control Totals +			

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Preparer use only			
Principal business or profession			
		2024 Information	Prior Year Information
Advertising		[6]	
Car and truck expenses		[8]	
Commissions and fees		[10]	
Contract labor		[12]	
Depletion		[14]	
Depreciation Employee benefit programs (Include Small Employer H		[16]	
Employee benefit programs (include small employer H		[10]	
		[18]	
Insurance (Other than health):	·		
insurance (other than nearth).	+	[20]	
		[20]	
Interest:			
Mortgage (Paid to banks, etc.)			
	+	[22]	
	+		
Other:			
	+	[24]	
	+		
Legal and professional services	+_	[26]	
Office expense	+_	[29]	
Pension and profit sharing:			
		[31]	
	+		
Rent or lease:			
Vehicles, machinery, and equipment		[33]	
Other business property		[35]	
Repairs and maintenance		[37]	
Supplies Taxes and licenses:	*_	[39]	
Taxes and licenses.	1	[41]	
	<sup>+</sup>	[41]	· · · · · · · · · · · · · · · · · · ·
	' +		
	· +		
Travel and meals:			
Travel	+	[43]	
Meals (Enter 100% subject to 50% limitation)		[45]	
Meals (Enter 100% subject to DOT 80% limit)		[47]	
Meals (Fully deductible)		[49]	
Utilities	+_	[51]	
Wages (Less employment credit):			
	+	[53]	
	+		
Other expenses:			
	+	[55]	
	+		
	+		
	+		
	+		
	+		

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## Auto Worksheet

## If you used your automobile for business purposes, please complete the following information.

Preparer use only

Description of business or profession

	Vehicles				
Vehicle 1 -	Date placed in service Description Comments	[4] [5]			
Vehicle 2 -	Date placed in service Description Comments	[9] [10]			
Vehicle 3 -	Date placed in service Description Comments	[14] [15]			
Vehicle 4 -	Date placed in service Description Comments	[19] [20]			

## Vehicle Questions

	Vehicle 1	Prior Year	Vehicle 2	Prior Year	Vehicle 3	Prior Year	Vehicle 4	Prior Year
If you used your automobile for work purposes, answer the follow	ing questions	:	_					
Was the vehicle available for off-duty personal use? (Y, N)	_[60]		[62]	_	[64]		[66]	
Was another vehicle available for personal use? (Y, N)	_[68]		[70]	_	[72]	_	[74]	
Do you have evidence to support your deduction? (Y, N)	_[76]		[78]	_	[80]	_	[82]	
Is this evidence written? (Y, N)	_[84]	_	[86]	_	[88]	_	[90]	

	Vehicle Expenses	

	Vehicle 1	Prior Year Information	Vehicle 2	Prior Year Information	Vehicle 3	Prior Year Information	Vehicle 4	Prior Year Information
Total miles for year	[32]		[34]		[36]		[38]	
Commuting miles	[40]		[42]		[44]		[46]	
Business miles	[48]		[50]		[52]		[54]	
Parking fees	+ [92]	+	[94]		F [96]	+	[98]	
Tolls	+[10	) +	- [102]		F[104]	+	[106]	
Gasoline	+[103	3]+	[110]		F[112]	+	[114]	
Oil	+[110	5]+	[118]		F[120]	+	[122]	
Repairs	+[124	1]+	[126]		F[128]	+	[130]	
Maintenance	+[132	2]+	[134]		+[136]	+	[138]	
Tires	+[14	)+	·[142]		F[144]	+	[146]	
Car washes	+[14	3]+	·[150]		+[152]	+	[154]	
Insurance	+[15	5]+	[158]	4	F[160]	+	[162]	
Interest	+[164	1]+	[166]	4	F[168]	+	[170]	
Registration	+[172	2]+	[174]		+[176]	+	[178]	
Licenses	+[18	)+	[182]	4	F[184]	+	[186]	
Property taxes	+[18	3]+	[190]	4	+[192]	+	[194]	
Other vehicle expense	. <b>S+</b> [19	5]+	[198]	4	F[200]	+	[202]	
Vehicle rentals	+[204	1] +	[206]		+[208]	+	[210]	-
Inclusion amt (Preparer	o#l <u>y) [</u> 21]	2]+	[214]		[216]	+	[218]	-
Depreciation	+[22	)+	[222]	-	F[224]	+	[226]	

Control Totals +	Form ID: Auto

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[3]