

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2022Attachment
Sequence No. **09**Go to www.irs.gov/ScheduleC for instructions and the latest information.
Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

MELISSA S NIX

Social security number (SSN)

A Principal business or profession, including product or service (see instructions) ONLINE RETAIL BAKERY	B Enter code from instructions 311800
C Business name. If no separate business name, leave blank. LIFE'S A BAATCH LLC	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 204 DURST DR	
City, town or post office, state, and ZIP code NORTH AUGUSTA SC 29860-8217	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify)	
G Did you "materially participate" in the operation of this business during 2022? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2022, check here	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1 109,685
2 Returns and allowances	<input type="checkbox"/>	2 499
3 Subtract line 2 from line 1	<input type="checkbox"/>	3 109,186
4 Cost of goods sold (from line 42)	<input type="checkbox"/>	4 49,081
5 Gross profit. Subtract line 4 from line 3	<input type="checkbox"/>	5 60,105
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	<input type="checkbox"/>	6
7 Gross income. Add lines 5 and 6	<input type="checkbox"/>	7 60,105

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	768	18 Office expense (see instructions)	18	25
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	47,310	21 Repairs and maintenance	21	162
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	3,889
15 Insurance (other than health)	15		23 Taxes and licenses	23	238
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	255
b Other	16b		b Deductible meals (see instructions)	24b	205
17 Legal and professional services	17	2,050	25 Utilities	25	2,782
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	

29 Tentative profit or (loss). Subtract line 28 from line 7	29	-1,376
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	30	6,163

31 Net profit or (loss). Subtract line 30 from line 29.	31	-7,539
• If a profit, enter on both Schedule 1 (Form 1040) , line 3, and on Schedule SE , line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041 , line 3.		

• If a loss, you must go to line 32.	32a	<input checked="" type="checkbox"/> All investment is at risk.
32 If you have a loss, check the box that describes your investment in this activity. See instructions.	32b	<input type="checkbox"/> Some investment is not at risk.

• If you checked 32a, enter the loss on both Schedule 1 (Form 1040) , line 3, and on Schedule SE , line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041 , line 3.	32a	<input checked="" type="checkbox"/> All investment is at risk.
• If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32b	<input type="checkbox"/> Some investment is not at risk.

MELISSA S NIX

ONLINE RETAIL BAKERY

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Part III Cost of Goods Sold (see instructions)

- | | | | | |
|----|---|--|--|---|
| 33 | Method(s) used to value closing inventory: | a <input checked="" type="checkbox"/> Cost | b <input type="checkbox"/> Lower of cost or market | c <input type="checkbox"/> Other (attach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |
| 35 | Inventory at beginning of year. If different from last year's closing inventory, attach explanation | 35 | 0 | |
| 36 | Purchases less cost of items withdrawn for personal use | 36 | | |
| 37 | Cost of labor. Do not include any amounts paid to yourself | 37 | | |
| 38 | Materials and supplies | 38 | 31,670 | |
| 39 | Other costs | 39 | 21,897 | |
| 40 | Add lines 35 through 39 | 40 | 53,567 | |
| 41 | Inventory at end of year | 41 | 0 | |
| 42 | Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | 53,567 | |

See Statement 3

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month/day/year) _____

44 Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for:

a Business	b Commuting (see instructions)	c Other
5 Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes
6 Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes
a Do you have evidence to support your deduction?	<input type="checkbox"/> Yes
b If "Yes," is the evidence written?	<input type="checkbox"/> Yes

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

SCHEDULE C
(Form 1040)Department of the Treasury
Internal Revenue Service**Profit or Loss From Business**

(Sole Proprietorship)

OMB No. 1545-0074

2024Attachment
Sequence No. **09**Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065.
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Name of proprietor

MELISSA S NIX

Social security number (SSN)

000-00-0000

A Principal business or profession, including product or service (see instructions) ONLINE RETAIL BAKERY	B Enter code from instructions 311800
C Business name. If no separate business name, leave blank. LIFE'S A BAATCH LLC	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 204 DURST DR	
City, town or post office, state, and ZIP code NORTH AUGUSTA SC 29860-8217	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____	
G Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2024, check here _____	<input type="checkbox"/>
I Did you make any payments in 2024 that would require you to file Form(s) 1099? See instructions _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099? _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked _____	<input type="checkbox"/>	1 94,917
2 Returns and allowances _____	<input type="checkbox"/>	2 4,801
3 Subtract line 2 from line 1 _____	<input type="checkbox"/>	3 90,116
4 Cost of goods sold (from line 42) _____	<input type="checkbox"/>	4 53,567
5 Gross profit. Subtract line 4 from line 3 _____	<input type="checkbox"/>	5 36,549
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) _____	<input type="checkbox"/>	See Stmt 2 20,586
7 Gross income. Add lines 5 and 6 _____	<input type="checkbox"/>	7 57,135

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising _____	8 629	18 Office expense (see instructions) _____	18 18
9 Car and truck expenses (see instructions) _____	9	19 Pension and profit-sharing plans _____	19
10 Commissions and fees _____	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions) _____	11	a Vehicles, machinery, and equipment _____	20a
12 Depletion _____	12	b Other business property _____	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) _____	13 48,786	21 Repairs and maintenance _____	21 1,131
14 Employee benefit programs (other than on line 19) _____	14	22 Supplies (not included in Part III) _____	22 806
15 Insurance (other than health) _____	15	23 Taxes and licenses _____	23 328
16 Interest (see instructions):		24 Travel and meals:	
a Mortgage (paid to banks, etc.) _____	16a	a Travel _____	
b Other _____	16b	b Deductible meals (see instructions) _____	24b 44
17 Legal and professional services _____	17 2,939	25 Utilities _____	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27b _____		26 Wages (less employment credits) _____	26

29 Tentative profit or (loss). Subtract line 28 from line 7 _____	29 -3,380
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.	30 4,475

Simplified method filers only: Enter the total square footage of (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30 4,475
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31 Net profit or (loss). Subtract line 30 from line 29.	31 -7,855
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• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on Form 1041, line 3.	32a <input checked="" type="checkbox"/> All investment is at risk.
• If a loss, you must go to line 32.	32b <input type="checkbox"/> Some investment is not at risk.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.	
• If you checked 32a, enter the loss on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on Form 1041, line 3.	
• If you checked 32b, you must attach Form 6198. Your loss may be limited.	

MELISSA S NIX

ONLINE RETAIL BAKERY

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Part III Cost of Goods Sold (see instructions)

- 33 Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attach explanation)

- 34** Was there any change in determining quantities, costs, or valuations between opening and closing inventory?
If "Yes," attach explanation.

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	0
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	<u>30,421</u>
39	Other costs	39	<u>26,267</u>
40	Add lines 35 through 39	40	<u>56,688</u>
41	Inventory at end of year	41	0
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	<u>56,688</u>

Part IV **Information on Your Vehicle.** Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

- 43 When did you place your vehicle in service for business purposes? (month/day/year)

- 44** Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for:

a Business

b Commuting (see instructions) _____

c Other

45 Was your vehicle available for personal use during off-duty hours?

46 Do you (or your spouse) have another vehicle available for personal use?

47a Do you have evidence to support your deduction?

b If "Yes," is the evidence written?

Yes
Yes
Yes
Yes

No
No
No
No

Part V Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30.

ECOMERCE HOSITING

DUES & MEMBERSHIP

AUTO FUEL & MAINTENANCE

BANK SERVICE FEES

SOFTWARE & APPS

CUSTOMER LOYALTY GIFT CARD

CAPITAL F

349
286
, 369
43
459
141
, 164
758

48 Total other expenses Enter here and on line 27a

48 5,569

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OMB No. 1545-0074

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Go to www.irs.gov/ScheduleC for instructions and the latest information.**2023**Attachment
Sequence No. **09**

Name of proprietor

MELISSA S NIXSocial security number (SSN)
[REDACTED]

A Principal business or profession, including product or service (see instructions) ONLINE RETAIL BAKERY	B Enter code from instructions 311800
C Business name. If no separate business name, leave blank. LIFE'S A BAATCH LLC	D Employer ID number (EIN) (see instr.)
E Business address (including suite or room no.) 204 DURST DR	
City, town or post office, state, and ZIP code NORTH AUGUSTA SC 29860-8217	
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____	
G Did you "materially participate" in the operation of this business during 2023? If "No," see instructions for limit on losses	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
H If you started or acquired this business during 2023, check here	<input type="checkbox"/>
I Did you make any payments in 2023 that would require you to file Form(s) 1099? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	103,687
2 Returns and allowances	<input type="checkbox"/>	3,970
3 Subtract line 2 from line 1	<input type="checkbox"/>	99,717
4 Cost of goods sold (from line 42)	<input type="checkbox"/>	56,688
5 Gross profit. Subtract line 4 from line 3	<input type="checkbox"/>	43,029
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	See Stmt 1	27,709
7 Gross income. Add lines 5 and 6	<input type="checkbox"/>	70,738

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8	742	18 Office expense (see instructions)	18	294
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	685	21 Repairs and maintenance	21	173
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	1,635
15 Insurance (other than health)	15		23 Taxes and licenses	23	269
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	90
17 Legal and professional services	17	2,898	25 Utilities	25	725
28 Total expenses before expenses for business use of home. Add lines 8 through 27b			26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7			27a Other expenses (from line 48)	27a	5,569
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.			b Energy efficient commercial bldgs deduction (attach Form 7205)	27b	

28 **Total expenses before expenses for business use of home.** Add lines 8 through 27b

29 Tentative profit or (loss). Subtract line 28 from line 7

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829
unless using the simplified method. See instructions.

Simplified method filers only: Enter the total square footage of (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

30 **4,404**

31 **Net profit or (loss).** Subtract line 30 from line 29.

- If a profit, enter on both **Schedule 1 (Form 1040)**, line 3, and on **Schedule SE**, line 2. (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041**, line 3.

- If a loss, you **must** go to line 32.

31 **53,254**

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

- If you checked 32a, enter the loss on both **Schedule 1 (Form 1040)**, line 3, and on **Schedule SE**, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on **Form 1041**, line 3.

- If you checked 32b, you **must** attach **Form 6198**. Your loss may be limited.

32a All investment is at risk.

32b Some investment is not
at risk.

