SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment Sequence No. 09

Department of the Treasury Internal Revenue Service

Attach to Form 1040, 1040-SR, 1040-SS, 1040-NR, or 1041; partnerships must generally file Form 1065. Go to www.irs.gov/ScheduleC for instructions and the latest information.

Name	of proprietor	Social security number (SSN)				
A	Principal business or profession	B Enter code from instructions				
С	Business name. If no separate	D Employer ID number (EIN) (see instr.)				
E	Business address (including su	uite or room no.)				
	City, town or post office, state	e, and ZIP code				
F	Accounting method: (1)	Cash (2) Accrual	(3) Other (specify)	·		
G	Did you "materially participate	e" in the operation of this business	s during 2023? If "No," see instructions for li	imit on losses . Yes No		
Н		_	e			
I			file Form(s) 1099? See instructions			
J		e required Form(s) 1099?		Yes No		
Par						
1	Form W-2 and the "Statutory	employee" box on that form was	ne box if this income was reported to you or checked	1		
2				. 2		
3		40)		. 3		
4				. 4		
5			redit or refund (see instructions)	. 5		
6 7			realt or returna (see instructions)	. 7		
Pari		penses for business use of y		· <i>1</i>		
8	Advertising	8	18 Office expense (see instructions)	. 18		
9	Car and truck expenses		19 Pension and profit-sharing plans			
3	(see instructions)	9	20 Rent or lease (see instructions):			
10	Commissions and fees .	10	a Vehicles, machinery, and equipment	t 20a		
11	Contract labor (see instructions)	11	b Other business property			
12	Depletion	12	21 Repairs and maintenance			
13	Depreciation and section 179		22 Supplies (not included in Part III)	. 22		
	expense deduction (not included in Part III) (see		23 Taxes and licenses	. 23		
	instructions)	13	24 Travel and meals:			
14	Employee benefit programs		a Travel	. 24a		
	(other than on line 19) .	14	b Deductible meals (see instructions)) 24b		
15	Insurance (other than health)	15	25 Utilities			
16	Interest (see instructions):		26 Wages (less employment credits)	26		
а	Mortgage (paid to banks, etc.)	16a	27a Other expenses (from line 48) .			
b	Other	16b	b Energy efficient commercial bldgs			
17	Legal and professional services	17	deduction (attach Form 7205) .			
28 29	Tentative profit or (loss). Subtr		dd lines 8 through 27b	. 29		
30	Expenses for business use of unless using the simplified me	of your home. Do not report the	se expenses elsewhere. Attach Form 8829			
	and (b) the part of your home					
		ructions to figure the amount to e	nter on line 30	. 30		
31	Net profit or (loss). Subtract		1			
	If a profit, enter on both Sch checked the box on line 1, see	31				
20	If a loss, you must go to line If you have a loss, shock the h		at in this activity. See instructions			
32			nt in this activity. See instructions.			
	 If you checked 32a, enter the SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you mu 	32a ☐ All investment is at risk. 32b ☐ Some investment is not at risk.				

Schedule C (Form 1040) 2023 Page 2 Part III Cost of Goods Sold (see instructions) 33 Method(s) used to a Cost **b** Lower of cost or market **c** Other (attach explanation) value closing inventory: Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 34 Yes No If "Yes," attach explanation . . 35 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . 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 39 39 Add lines 35 through 39 40 41 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. 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) / / Of the total number of miles you drove your vehicle during 2023, enter the number of miles you used your vehicle for: 44 Business _____ **b** Commuting (see instructions) 45 Was your vehicle available for personal use during off-duty hours? . Do you (or your spouse) have another vehicle available for personal use?. . . . No 46 Do you have evidence to support your deduction? If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30. Part V

48

Total other expenses. Enter here and on line 27a .

48

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Sequence No. 09

Name of proprietor					S	Social security number (SSN)						
A	Principal business or profession, including product or service (see instructions)						Ente	er code	from	nstructi	ons	
С	Business name. If no separate business name, leave blank.						Emp	loyer I	D numl	er (EIN)	(see instr.)	
E	Business address (including suite or room no.)											
	City, town or post office, state											
F		Cash	(2) Accrual (3	3) 🗌	Other (specify)							
G H I J Par	Did you "materially participate" in the operation of this business during 2024? If "No," see instructions for limit on losses . Yes If you started or acquired this business during 2024, check here											
1 2 3 4 5	Form W-2 and the "Statutory Returns and allowances Subtract line 2 from line 1 . Cost of goods sold (from line 4	employee" I 42)	oox on that form was o	hecked 	this income was reported to you or		1 2 3 4 5					
6	Other income, including federa	al and state	gasoline or fuel tax cr	edit or r	refund (see instructions)	. [6					
7	Gross income. Add lines 5 ar	nd 6	<u> </u>		<u> </u>		7					
Part	<u> </u>		r business use of y		me only on line 30.	_						
8	Advertising	8		18	Office expense (see instructions)	- 1	18					
9	Car and truck expenses			19	Pension and profit-sharing plans	١	19					
40	(see instructions)	9		20	Rent or lease (see instructions):							
10	Commissions and fees .	10		a	Vehicles, machinery, and equipmen		20a					
11	Contract labor (see instructions)	11 12		b	Other business property	- 1	20b 21					
12 13	Depletion	13		21 22 23 24	Repairs and maintenance Supplies (not included in Part III) Taxes and licenses Travel and meals:	. [22					
14	Employee benefit programs			а	Travel	. [24a					
	(other than on line 19) .	14		b	Deductible meals (see instructions)	24b					
15	Insurance (other than health)	15		25	Utilities	.	25					
16	Interest (see instructions):			26	Wages (less employment credits)		26					
а	Mortgage (paid to banks, etc.)	16a		27a	Other expenses (from line 48) .	.	27a					
b	Other	16b		b	Energy efficient commercial bldgs	- 1						
17	Legal and professional services	17		1	deduction (attach Form 7205) .	-	27b 28					
28	Total expenses before expenses for business use of home. Add lines 8 through 27b											
29 30	Tentative profit or (loss). Subtract line 28 from line 7											
	Simplified method filers only			(a) you	ır 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					
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.											
32	If you have a loss, check the b	oox that des	cribes your investmen	t 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 32b	☐ Sc			s at risk. nt is not	

Schedule C (Form 1040) 2024 Page 2 Part III Cost of Goods Sold (see instructions) 33 Method(s) used to a Cost **b** Lower of cost or market **c** Other (attach explanation) value closing inventory: Was there any change in determining quantities, costs, or valuations between opening and closing inventory? 34 Yes No If "Yes," attach explanation . . 35 35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation . . . 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 39 39 Add lines 35 through 39 40 41 41 42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4. 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) / / Of the total number of miles you drove your vehicle during 2024, enter the number of miles you used your vehicle for: 44 Business _____ b Commuting (see instructions) _____ c Other ____ а 45 Was your vehicle available for personal use during off-duty hours? . . . Do you (or your spouse) have another vehicle available for personal use?. ☐ No 46 □ No No **b** If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8-26, line 27b, or line 30. Part V

48

Total other expenses. Enter here and on line 27a .

48