SCHEDULE C (Form 1040)

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 Attachment

Department of the Treasury Internal Revenue Service

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

Name	ne of proprietor				Social security number (SSN)		
ESTE	EBAN DIDO				77777777		
Α	Principal business or profession	on, including product or service (s	ee instructions)	B Ent	er code from instruc	ctions	
FAMIL	Y SERVICE			6	2 4 1 0	0	
С	Business name. If no separate	e business name, leave blank.		D Em	ployer ID number (EIN	N) (see instr.)	
	Business address (including suite or room no.)				:		
_	City, town or post office, state, and ZIP code						
F			3) Other (specify)				
G	Accounting method: (1) 🗹 Cash (2) 🗌 Accrual (3) 🔲 Other (specify)						
Н	If you started or acquired this business during 2022, check here						
ı	Did you make any payments in 2022 that would require you to file Form(s) 1099? See instructions						
J							
Part		(0)				<u> </u>	
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				405		
•				1	405	522222182	
2					405	522222182	
3	Subtract line 2 from line 1				403	022222102	
4	Cost of goods sold (from line 42)				105	522222182	
5 6	-		edit or refund (see instructions)		405	022222102	
	_	_		_	40E	522222182	
7 Part	Fynenses Enter ex	penses for business use of y	our home only on line 30		403	022222102	
8	Advertising	8	18 Office expense (see instructions)	18			
9	Car and truck expenses		19 Pension and profit-sharing plans	19			
	(see instructions)	9	20 Rent or lease (see instructions):				
10	Commissions and fees .	10	a Vehicles, machinery, and equipment	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				
15	Insurance (other than health)	15	instructions)	24b			
16	Interest (see instructions):		25 Utilities	25			
а	Mortgage (paid to banks, etc.)	16a	26 Wages (less employment credits)	26			
b	Other	16b	27a Other expenses (from line 48) .	27a		0	
17	Legal and professional services	17	b Reserved for future use	27b			
28	Total expenses before expenses for business use of home. Add lines 8 through 27a						
29	Tentative profit or (loss). Subtr	ract line 28 from line 7		29	405	522222182	
30	•	•	se 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						
31	let 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.				405	522222182	
	• If a loss, you must go to line 32.				1 +00		
32	• •	oox that describes your investmen	t in this activity. See instructions.				
	SE, line 2. (If you checked the Form 1041, line 3.	e loss on both Schedule 1 (Form box on line 1, see the line 31 instru st attach Form 6198. Your loss m	ctions.) Estates and trusts, enter on	32a 32b	=		

Schedule C (Form 1040) 2022 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 2022, 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 or line 30. Part V

48

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

48

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