Schedule C - General Information

1 **Preparer use only**

	2025 Information	Prior Year Information
Taxpayer/Spouse/Joint (T, S, J)	[2]	
Employer identification number	[3]	
Business name	[5]	
Principal business/profession	[6]	
Business code	[12]	
Business address, if different from home address on Organizer Form ID: 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 inventory:		
	[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 2025	[30]	
Did you make any payments in 2025 that require you to file Form(s) 1099? (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 minister or religious worker	[35]	
Did you receive wages as a statutory employee or as a minister? (1 = Statutory employee, 2 = Minister)	[37]	
Medical insurance premiums paid by this activity	+ [41]	
Long-term care premiums paid by this activity	+ [45]	
Amount of wages received as a statutory employee	+ [48]	

Business Income

	2025 Information	Prior Year Information
Gross receipts and sales		
	+ [53]	
	+	
	+	
	+	
Returns and allowances	+ [56]	
Other income:		
	+ [58]	
	+	
	+	
	+	

Cost of Goods Sold

	2025 Information	Prior Year Information
Beginning inventory	+ [60]	
Purchases	+ [62]	
Labor:		
	+ [64]	
	+	
Materials	+ [66]	
Other costs:		
	+ [68]	
	+	
	+	
	+	
Ending inventory	+ [70]	

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Principal business or profession _____

	2025 Information	Prior Year Information
Advertising	+ [6]	
Car and truck expenses	+ [8]	
Commissions and fees	+ [10]	
Contract labor	+ [12]	
Depletion	+ [14]	
Depreciation	+ [16]	
Employee benefit programs (Include Small Employer Health Ins Premiums credit):		
_____	+ [18]	
_____	+	
Insurance (Other than health):		
_____	+ [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	+ [39]	
Taxes and licenses:		
_____	+ [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]	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
_____	+	
	+	