

1 Preparer use only

2023 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) **1** [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 2023 _____ [30]
Did you make any payments in 2023 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 + _____ [40]
Long-term care premiums paid by this activity + _____ [44]
Amount of wages received as a statutory employee + _____ [47]

Business Income

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Gross receipts and sales _____ + _____ [52]

Returns and allowances + _____ [55]
Other income: _____ + _____ [57]

Cost of Goods Sold

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Beginning inventory + _____ [59]
Purchases + _____ [61]
Labor: _____ + _____ [63]

Materials + _____ [65]
Other costs: _____ + _____ [67]

Ending inventory + _____ [69]

Control Totals+

BUSINESS

Form ID: C-1

Schedule C - Expenses

1

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Principal business or profession _____

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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]	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
_____	+ _____	_____
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_____	+ _____	_____
_____	+ _____	_____