

Preparer use only

Taxpayer/Spouse/Joint (T, S, J)	[2]	Prior Year Information
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

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

Cost of Goods Sold

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

Schedule C - Expenses**Preparer use only**

Principal business or profession

Advertising

2025 Information

+ _____ [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:

+ _____ [33]

Vehicles, machinery, and equipment

+ _____ [35]

Other business property

+ _____ [37]

Repairs and maintenance

+ _____ [39]

Supplies

+ _____ [41]

Taxes and licenses:

+ _____

+ _____

+ _____

+ _____

Travel and meals:

+ _____ [43]

Travel

+ _____ [45]

Meals (Enter 100% subject to 50% limitation)

+ _____ [47]

Meals (Enter 100% subject to DOT 80% limit)

+ _____ [49]

Meals (Fully deductible)

+ _____ [51]

Utilities

+ _____ [53]

Wages (Less employment credit):

+ _____

+ _____

Other expenses:

+ _____ [55]

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

+ _____

Prior Year Information