SCHEDULE	С
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074 2024

1040 ND or 1041, northerabing must some

Name	of proprietor					S	iocia	l sec	curit	y nu	mber	(SSI	N)
A	Principal business or profession	on, including pro	duct or service (see i	nstru	uctions)	F	B Enter code from instructions					s	
C	Business name. If no separate	business name	, leave blank.) Em	ploye	er ID ı	 numb	er (Ell	l) (see	e instr.)
E	Business address (including s	uite or room no.)						:	<u> </u>				
	City, town or post office, state	e, and ZIP code											
F	o () <u>-</u>		Accrual (3)		Other (specify)								
G			n of this business du	ring	2024? If "No," see instructions for I	limi	t on I	osse	es	. L	Yes	; [] No
н												_	_
I					n(s) 1099? See instructions					. L	-	_	No
J Par		e required Form(s) 1099?	•		•		•	•	. L	Yes		_ No
1	Gross receipts or sales. See in				this income was reported to you of		1						
2	Returns and allowances				•••••••••••		2						
3							3						
4							4						
5	Gross profit. Subtract line 4 f	rom line 3 .					5						
6					efund (see instructions)	•	6						
7	Gross income. Add lines 5 ar	nd 6	<u></u>	<u>.</u>	me only on line 30.		7						
Par								-					
8	Advertising	8		18	Office expense (see instructions)		18	_					
9	Car and truck expenses (see instructions)	9		19 20	Pension and profit-sharing plans Rent or lease (see instructions):	•	19	t					
10	Commissions and fees .	10		а	Vehicles, machinery, and equipmen	t	20a						
11	Contract labor (see instructions)	11		b	Other business property		20b						
12	Depletion	12	2	21	Repairs and maintenance		21						
13	Depreciation and section 179 expense deduction (not		2	22	Supplies (not included in Part III)		22						
	included in Part III) (see			23	Taxes and licenses	•	23	-					
	instructions)	13	2	24	Travel and meals:		04-						
14	Employee benefit programs (other than on line 19)	14		a b	Travel		24a 24b	-					
15	Insurance (other than health)	15		25		·	25						
16	Interest (see instructions):			26	Wages (less employment credits)		26						
а	Mortgage (paid to banks, etc.)	16a	2	27a	Other expenses (from line 48) .		27a						
b	Other	16b		b	Energy efficient commercial bldg	s							
17	Legal and professional services	17			deduction (attach Form 7205) .		27b						
28	• •				3 through 27b	•	28	-					
29	Tentative profit or (loss). Subtr					•	29	-					
30	Expenses for business use of unless using the simplified me Simplified method filers only	ethod. See instru	ctions.	•	nses elsewhere. Attach Form 8829 r home:	9							
	and (b) the part of your home				. Use the Simplified								
~ ~	Method Worksheet in the inst	•		on l	ine 30	•	30	_					
31	Net profit or (loss). Subtract)								
	• If a profit, enter on both Sch checked the box on line 1, see	e instructions.) E	•• •				31						
32	 If a loss, you must go to line If you have a loss, check the b 		es vour investment in	this	activity. See instructions.								
-	 If you have a loss, encore the t If you checked 32a, enter th SE, line 2. (If you checked the Form 1041, line 3. If you checked 32b, you mu 	e loss on both S box on line 1, se	chedule 1 (Form 104 e the line 31 instructio	40), I ons.)	line 3, and on Schedule Estates and trusts, enter on		32a 32b			e in			t risk. is not

For Paperwork Reduction Act Notice, see the separate instructions.

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Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (att	ach ex	planation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation	ry?		🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
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	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or are not required to file Form 4562 for this business. See the instructions for line Form 4562.			
43 44	When did you place your vehicle in service for business purposes? (month/day/year) ////	vehicle	e for:	
а	Business b Commuting (see instructions) c (Other		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?			🗌 No
	Do you have evidence to support your deduction?		🗌 Yes	No
b Part	If "Yes," is the evidence written? Other Expenses. List below business expenses not included on lines 8–26, line	 97h		No
Part	Other Expenses. List below business expenses not included on lines o-20, line	270,		
48	Total other expenses. Enter here and on line 27a	48		