

SCHEDULE C INCOME & EXPENSES

1.	Description of busi	iness activity/industry		
		siness Name siness Address		
	EIN			
2.	Cash or Accru	ıal		
	INCOME	Gross Receipts/Sal Returns/allowance Other Income	s	
	COST OF GOODS S	Purchases Cost of lab Materials 8		
	EXPENSES			
Advertising				
	Debts		Supplies Taxes (payroll, property)	
	oloyee Benefits Paid	d	Travel _	
	irance		Meals _	
	erest Paid	ees	Telephone _	_,
Lice	nses & Permits		, , , , , ,	2)
Offi	ce Expenses			
Rer	t (home office on p	page 2)		
	PPP Funds Forgive	en \$	Date	(if applicable)

Self-Employed Health Insurance

(if not covered by spouse or work plan)

Total cost of monthly premiums paid in 2023

Auto Expense Worksheet

(business use of personal vehicle)

Description of Vehicle						
Date placed in service (if new)						
Total miles for the year						
Personal miles included in total						
Business miles included in total						
ACTUAL EXPENSES Re	gistration					
Ga	Gas, oil & repairs					
Int	erest Paid					
Pa	rking tolls					
Do you have evidence to support busine	ess use?	Yes [No		
Is the vehicle available off duty hours?		Yes [No		
Was the vehicle used primarily by a >5%	6 owner?	Yes [No		
Is another vehicle available for personal	l use?	Yes [No		
(if used for business			ocation		vailal	ble)
INDIRECT EXPENSES (to be allocated)	Mortga Real Fo	ige Inte state Ta	aid			
	Insurance Utilities					
	Repair	Repairs & Maintenance				
	Other					
DIRECT EXPENSES (specific to office spa	ce) Utilitie	s (met	ered sep	arat	ely)	
	Repair	s & Ma	_			
	Other				_	
	Other					
List improvements (over \$2,500) during	the year:					
Description		[Date			Cost