



Ovals must be filled in completely. Example: If any line shows a loss, mark an X in box at left of the line.

Schedule C Massachusetts Profit or Loss from Business

2022

FIRST NAME: _____ M.I.: _____ LAST NAME: _____ SOCIAL SECURITY NUMBER OF PROPRIETOR: _____
 BUSINESS NAME: _____ EMPLOYER IDENTIFICATION NUMBER (if any): _____
 MAIN BUSINESS OR PROFESSION, INCLUDING PRODUCT OR SERVICE: _____ PRINCIPAL BUSINESS CODE (from U.S. Schedule C): _____
 MAILING ADDRESS (no. & street; apt./suite/postal box). If you have a foreign address, also complete line below. CITY/TOWN: _____ STATE: _____ ZIP: _____
 FOREIGN PROVINCE/STATE/COUNTRY: _____ FOREIGN COUNTRY (OR COUNTRY CODE): _____ FOREIGN POSTAL CODE: _____
 ENTER THE NUMBER OF EMPLOYEES: _____

Fill in accounting method: Cash Accrual Other (specify) _____

Fill in if you materially participated in the operation of this business during 2022 (see line 33 instructions)
 Fill in if you started or acquired this business during 2022
 Fill in if you made any payments in 2022 that would require you to file Form(s) 1099
 Fill in if you **have any** suspended PAL **related to this** schedule. See instructions and line 36
 Fill in if you claimed the small business exemption from the sales tax on purchases of taxable energy or heating fuel during 2022
 Fill in if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked
 Fill in if interest or dividend reported on U.S. Schedule C, lines 1 and/or 6.

Do not include interest and dividends in Schedule C, lines 1 and 4. Enter this amount here and on Schedule B, line 3. See instructions. _____ 00

1	a. Gross receipts or sales	_____ 00	<input checked="" type="checkbox"/>	▼ If showing a loss, mark an X in box at left
	b. Returns and allowances	_____ 00	a - b = 1 <input checked="" type="checkbox"/>	_____ 00
2	Cost of goods sold and/or operations (Schedule C-1, line 8)	_____ 00	<input checked="" type="checkbox"/>	_____ 00
3	Gross profit. Subtract line 2 from line 1	_____ 00	<input checked="" type="checkbox"/>	_____ 00
4	Other income. Do not include interest income (other than from Mass. banks) and dividends	_____ 00	<input checked="" type="checkbox"/>	_____ 00
5	Gross income. Add line 3 and line 4	_____ 00	<input checked="" type="checkbox"/>	_____ 00
6	Advertising	_____ 00	<input checked="" type="checkbox"/>	_____ 00
7	Bad debts from sales or services	_____ 00	<input checked="" type="checkbox"/>	_____ 00
8	Car and truck expenses	_____ 00	<input checked="" type="checkbox"/>	_____ 00
9	a. Commissions and fees	_____ 00	<input checked="" type="checkbox"/>	_____ 00
	b. Contract Labor	_____ 00	a + b = 9 <input checked="" type="checkbox"/>	
10	Depletion	_____ 00	<input checked="" type="checkbox"/>	_____ 00
11	Depreciation and Section 179 deduction	_____ 00	<input checked="" type="checkbox"/>	_____ 00
12	Employee benefit programs (other than in line 17)	_____ 00	<input checked="" type="checkbox"/>	_____ 00
13	Insurance (other than health)	_____ 00	<input checked="" type="checkbox"/>	_____ 00



SOCIAL SECURITY NUMBER

14	a. Mortgage interest paid to financial institutions	_____ 0 0		
	b. Other interest	_____ 0 0	a + b = 14	<input checked="" type="checkbox"/> _____ 0 0
15	Legal and professional services	_____	15	_____ 0 0
16	Office expense	_____	16	_____ 0 0
17	Pension and profit-sharing plans	_____	17	_____ 0 0
18	a. Vehicles, machinery and equipment	_____ 0 0		
	b. Other business property	_____ 0 0	a + b = 18	<input checked="" type="checkbox"/> _____ 0 0
19	Repairs and maintenance	_____	19	_____ 0 0
20	Supplies (not included on Schedule C-1)	_____	20	_____ 0 0
21	Taxes and licenses	_____	21	_____ 0 0
22	Travel	_____	22	_____ 0 0
23	Deductible meals. See instructions for appropriate percentage subject to limitations	_____	23	_____ 0 0
24	Utilities	_____	24	_____ 0 0
25	Wages (before U.S. jobs credit)	_____	25	_____ 0 0
26	Other expenses	_____	26	_____ 0 0
27	Total expenses. Add lines 6 through 26.	_____	27	_____ 0 0
28	Tentative profit or loss. Subtract line 27 from line 5	_____	28	<input checked="" type="checkbox"/> _____ 0 0
29	Expenses for business use of your home	_____	29	_____ 0 0
30	Abandoned Building Renovation Deduction	_____	30	_____ 0 0
31	Profit or loss. Subtract total of line 29 and 30 from line 28. If a profit enter here and on line 34. If a loss enter here and go to line 32	_____	31	<input checked="" type="checkbox"/> _____ 0 0
32	Deductible loss. If you have a loss on line 31 it may be limited. See line 33	_____	32	<input checked="" type="checkbox"/> _____ 0 0
33	Fill in the oval that describes your investment in this activity. If you filled in 33a enter the loss on line 32 and go to line 35. If you filled in 33b, see instructions for line 32 entry and go to line 35.			<input type="radio"/> 33a. All investment at risk. <input type="radio"/> 33b. Some investment is not at risk.
34	Profit from line 31.	_____	34	_____ 0 0
35	Total profit or loss. Combine lines 32 and 34	_____	35	<input checked="" type="checkbox"/> _____ 0 0
36	Allowable prior-year suspended PAL you are applying	_____	36	<input checked="" type="checkbox"/> _____ 0 0
37	Net profit or loss. Combine line 35 and 36. Enter here and on Form 1, line 6a or Form 1 NR/PY, line 8a	_____	37	<input checked="" type="checkbox"/> _____ 0 0

