



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

# 2025

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 2025 (see line 33 instructions)

Fill in if you started or acquired this business during 2025

Fill in if you made any payments in 2025 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 2025

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 ▼ If showing a loss, mark an X in box at left

b. Returns and allowances  00 a - b = 1   00

**2** Cost of goods sold and/or operations (Schedule C-1, line 8)  00

**3** Gross profit. Subtract line 2 from line 1.   00

**4** Other income. Do not include interest income (other than from Mass. banks) and dividends  00

**5** Gross income. Add line 3 and line 4   00

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**6** Advertising  00

**7** Bad debts from sales or services  00

**8** Car and truck expenses  00

**9** a. Commissions and fees  00

b. Contract Labor  00 a + b = 9  00

**10** Depletion  00

**11** Depreciation and Section 179 deduction  00

**12** Employee benefit programs (other than in line 17)  00

**13** Insurance (other than health)  00



