



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

# 2024

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 2024 (see line 33 instructions)

Fill in if you started or acquired this business during 2024

Fill in if you made any payments in 2024 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 2024

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.

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

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



SOCIAL SECURITY NUMBER

Social Security Number input box

Table with 3 columns: Line number, Description, and Amount. Includes lines 14 through 37 with various expense categories and profit/loss calculations. Includes instructions for lines 31, 32, and 33.



FIRST NAME M.I. LAST NAME SOCIAL SECURITY NUMBER OF PROPRIETOR

### Schedule C-1 Cost of Goods Sold and/or Operations

Fill in method used to value closing inventory:  Cost  Lower of cost or market  Other (enclose explanation)  
 Fill in and enclose explanation if there was any change in determining quantities, costs or valuations between opening and closing inventory.   
 Fill in and enclose explanation if inventory at beginning of year is different from last year's closing inventory.

1	Inventory at beginning of year .....	1	00
2	a. Purchases .....		00
	b. Items withdrawn for personal use .....		00
	a - b = 2		00
3	Cost of labor (do not include salary paid to yourself) .....	3	00
4	Materials and supplies .....	4	00
5	Other costs (enclose statement) .....	5	00
6	Add lines 1 through 5 .....	6	00
7	Inventory at end of year .....	7	00
8	Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2 .....	8	00

