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 2023

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/COUNTY | 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 2023 (see line 33 instructions) ○
Fill in if you started or acquired this business during 2023 ○
Fill in if you made any payments in 2023 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 2023 ○
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

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

1 a. Gross receipts or sales . . . 00

b. Returns and allowances . . . 00 a – b = 1 ☐ 00

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

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

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

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

6 Advertising . . . 6 00

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

8 Car and truck expenses . . . 8 00

9 a. Commissions and fees . . . 00

b. Contract Labor . . . 00 a + b = 9 00

10 Depletion . . . 10 00

11 Depreciation and Section 179 deduction . . . 11 00

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

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

SOCIAL SECURITY NUMBER

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

14	a. Mortgage interest paid to financial institutions	00		
	b. Other interest	00	a + b = 14	00
15	Legal and professional services		15	00
16	Office expense		16	00
17	Pension and profit-sharing plans		17	00
18	a. Vehicles, machinery and equipment	00		
	b. Other business property	00	a + b = 18	00
19	Repairs and maintenance		19	00
20	Supplies (not included on Schedule C-1)		20	00
21	Taxes and licenses		21	00
22	Travel		22	00
23	Deductible meals. See instructions for appropriate percentage subject to limitations		23	00
24	Utilities		24	00
25	Wages (before U.S. jobs credit)		25	00
26	Other expenses		26	00
27	Total expenses. Add lines 6 through 26		27	00
28	Tentative profit or loss. Subtract line 27 from line 5		28	00
29	Expenses for business use of your home		29	00
30	Abandoned Building Renovation Deduction		30	00
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	00
32	Deductible loss. If you have a loss on line 31 it may be limited. See line 33		32	00
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.			○ 33a. All investment at risk. ○ 33b. Some investment is not at risk.
34	Profit from line 31		34	00
35	Total profit or loss. Combine lines 32 and 34		35	00
36	Allowable prior-year suspended PAL you are applying		36	00
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	00

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		0 0
2	a. Purchases		0 0	
	b. Items withdrawn for personal use		0 0	a - b = 2
3	Cost of labor (do not include salary paid to yourself)	.3		0 0
4	Materials and supplies	.4		0 0
5	Other costs (enclose statement)	.5		0 0
6	Add lines 1 through 5	.6		0 0
7	Inventory at end of year	.7		0 0
8	Cost of goods sold and/or operations. Subtract line 7 from line 6. Enter here and on Schedule C, line 2	.8		0 0