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OMB No. 1545-0074

Sequence No. 09

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Social security number (SSN)

B Enter code from instructions

D Employer ID number (EIN) (see instr.)

Attachment

SCHEDULE	C
(Form 1040)	

Profit or Loss From Business (Sole Proprietorship) 3 Go to www.irs.gov/ScheduleC for instructions and the latest information. Department of the Treasury Internal Revenue Service Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships must generally file Form 1065. Name of proprietor Principal business or profession, including product or service (see instructions) Α c Business name. If no separate business name, leave blank. Е Business address (including suite or room no.) _____ F G н Т J F Ρ 1 1 1 1 1 1 1 1

	City, town or post office, state	, and ZIP code						
	Accounting method: (1)	Cash (2) Acc	rual (3) 🗌 C	Other (specify)				
à	Did you "materially participate"	" in the operation of this	s business during a	2022? If "No," see instructions for lim				🗌 No
1								
		-		(s) 1099? See instructions		-	Yes	🗌 No
			•					No
Part	Income							
1			t check the box if	this income was reported to you on				
•	•				1			
2	Returns and allowances				2			
3.	Subtract line 2 from line 1				3			
4	Cost of goods sold (from line 4	42			4			
5	Gross profit. Subtract line 4 fr							
6	Other income, including federa				6			
7					7			
	Expenses. Enter expe	enses for husiness u	<u>se of vour hom</u>	e oply on line 30				
8	Advertising	8	18	Office expense (see instructions) .	18			
9	Car and truck expenses		19	Pension and profit-sharing plans .	19			
	(see instructions)	9	20	Rent or lease (see instructions):				
10	Commissions and fees .	10	a	Vehicles, machinery, and equipment	20a			
11	Contract labor (see instructions)	11	b	Other business property	20b			
12 13	Depletion	12	21	Repairs and maintenance	21			
13	expense deduction (not		22	Supplies (not included in Part III) .	22			
	included in Part III) (see		23	Taxes and licenses	23			
	instructions)	13	24	Travel and meals:				
14	Employee benefit programs		а	Travel	24a			
	(other than on line 19) .	14	b	Deductible meals (see				
15	Insurance (other than health)	15		instructions)	24b			
16	Interest (see instructions):		25	Utilities	25			
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)	26			
b	Other	16b	27a	Other expenses (from line 48)	27a			
17	Legal and professional services	17	b	Reserved for future use	27b			
28	Total expenses before expense	ses for business use of	home. Add lines 8	8 through 27a	28			
29	Tentative profit or (loss). Subtract line 28 from line 7			29				
30	Expenses for business use of	of your home. Do not re	eport these exper	nses elsewhere. Attach Form 8829				
	unless using the simplified me							
	Simplified method filers only	· ·	footage of (a) you					
	and (b) the part of your home u	used for business:		. Use the Simplified				
	Method Worksheet in the instructions to figure the amount to enter on line 30			30				
31	Net profit or (loss). Subtract I	line 30 from line 29.		,				
• If a profit, enter on both Schedule 1 (Form 1040), line 3, and on Schedule SE, line 2. (If you								
checked the box on line 1, see instructions)/Estates and trusts, enter on Form 1041, line 3.			31					
• If a loss, you must go to line 32. $D/^{-}$								
32	If you have a loss, check the box that describes your investment in this activity. See instructions.							
	 If you checked 32a, enter the 	e loss on both Schedul	e 1 (Form 1040). li	ine 3. and on Schedule				
SE, line 2. (If you checked the box on line 1, see the line 31 instructions.) Estates and trusts, enter on			32a 🗌	All inves	tment is	s at risk.		
	Form 1041, line 3.			32b 🗌] Some in	vestme	nt is not	
	If you checked 32b, you must attach Form 6198. Your loss may be limited.				at risk.			

Schedu	ile C (Form 1040) 2022			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (atta	ch ex	olanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor If "Yes," attach explanation		. 🗌 Yes	🗌 No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42 Part	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	ovpopsos op	line 9 and
T art	are not required to file Form 4562 for this business. See the instructions for line 1 Form 4562.			
43	When did you place your vehicle in service for business purposes? (month/day/year)			
44	Of the total number of miles you drove your vehicle during 2022, enter the number of miles you used your v	ehicle	for:	
а	Business b Commuting (see instructions) c O	ther		
45	Was your vehicle available for personal use during off-duty hours?		🗌 Yes	🗌 No
46	Do you (or your spouse) have another vehicle available for personal use?		🗌 Yes	🗌 No
47a	Do you have evidence to support your deduction?		🗌 Yes	🗌 No
b Part	If "Yes," is the evidence written?		🗌 Yes	No
i are				
48	Total other expenses. Enter here and on line 27a	48		