



Name of Business: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

	Y	N
Did you make any payments that would require you to file Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," did you or will you file required Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>

Income	Total
Gross receipts or sales	
Discounts & Refunds	

Cost of Goods Sold	Total
Beginning Inventory Balance	
Ending Inventory Balance	
Purchases	
Contract Labor	
Materials & Supplies	
Equipment Rental	
Other Costs	-

Expenses	Total
Advertising	
Commissions/Fees	
Depreciation	
Insurance	
Interest	
Legal and Professional Fees	
Licenses & Permits	
Mortgage Interest(do not include Principle)	
Meals	
Office Supplies	
Employee Benefit Programs	
Rent/Lease	
Repairs & Maintenance	
Supplies	
Taxes	
Travel	
Utilities	
Wages	
Other Expenses	-



**For other Expenses Please Specify:**


**New Asset Purchases over \$500.00**


**Total Expenses**

\_\_\_\_\_

**NET INCOME**

\_\_\_\_\_

=====

**Auto/Mileage**

**Y N**

Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/>	<input type="checkbox"/>
Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have evidence to support your deduction?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," is the evidence written?	<input type="checkbox"/>	<input type="checkbox"/>

Business Miles	
Personal Miles	
Total Miles	
Auto Expenses	

**Home Office**

Home Office Square Footage	
Total Home Square Footage	
Home Office Expenses	