BUSINESS NAME:
TAX YEAR:
INCOME TOTAL FOR THE YEAR (JAN-DEC) AND/OR FROM 4 QUARTER SALES TAX FILINGS:
(THIS INCLUDES DEC-FEB, MAR-MAY, JUNE-AUG, SEPT-NOV)
EXPENSES:
BUSINESS INSURANCE:
BUILDING/OFFICE/STORE INSURANCE:
MORTGAGE INTEREST (for office and/or Business use of home:
PROPERTY TAXES FOR OFFICE/BUSINESS BUILDING:
SQ FT*:
*(IF INSURANCE, TAXES, AND MORTGAGE COVERS HOME AND OFFICE/STORE PLEASE GIVE SQUARE FOOTAGE OF THE ENTIRE BUILDING PREMISES AND THEN JUST THE OFFICE SPACE/STORE)
LEGAL AND PROFESSIONAL SERVICES:
REPAIRS AND MAINTENANCE ON OFFICE/STORE/PROPERTY (IF HOME OFFICE PLEASE SEPARATELY SPECIFY THE AMOUNTS THAT ARE JUST 100% FOR OFFICE/STORE):
BUSINESS CAPITAL IMPROVEMENTS (INCLUDING PURCHASE DATE, AMOUNTS AND DATE PLACED IN SERVICE, WITH A BRIEF DESCRIPTION):
WAGES PAID (PLEASE PROVIDE END OF YEAR W3/W2, OR 1096/1099'S ISSUED ALSO):
PAYROLL EXPENSES: (please include all applicable 1099's issued, if not issued please include proof of payment, full year payroll report if W2, Form 941's for 4 quarters if filed, as well as state side)

TELEPHONE EXPENSES WITH BUSINESS USE %
ELECTRIC/CABLE/INTERNET/HEAT(UTILITIES):
ELEC
CABLE/INTERNET
HEAT
TRASH REMOVAL:
SECURITY SYSTEM FEE'S:
ATM/BANK FEE'S:
CREDIT CARD FEE'S:
ADVERTISING:
RENT/LEASE OF EQUIPMENT OR OFFICE SPACE (PLEASE SPECIFY):
COST OF GOODS SOLD (WHICH INCLUDES PARTS/MATERIALS SOLD WITH THE JOB AND/OR GOODS/FOOD/SUPPLIES PURCHASED FOR RESALE):
REGULAR BUSINESS SUPPLIES NOT PURCHASED FOR RESALE:
TRAVEL AND MEALS (PLEASE LIST EACH SEPARATELY):
TRAVEL:
MEALS:
For business
For Employees/Out of Town

EQUIPMENT USED IN THE BUSINESS AND GROUNDS KEEPING (DATE OF PURCHASE, AMOUNT AND DESCRIPTION NEEDED): BUSINESS MILEAGE: MISC. BUSINESS EXPENSE NOT CLASSIFIED ABOVE: (PLEASE PROVIDE A BRIEF DESCRIPTION BELOW) I HAVE GIVEN THE INCOME AND EXPENSE TOTALS TO THE BEST OF MY RECORDS, KNOWLEDGE, AND ABILITY. Responsible Persons Name: Responsible Persons Signature: