



**GENERAL BUSINESS INFORMATION**

Name of Business \_\_\_\_\_ Owner \_\_\_\_\_ EIN or SS # \_\_\_\_\_  
 Type of Business (Industry) \_\_\_\_\_ Business Phone # \_\_\_\_\_ Email \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 \_\_\_ Sole Proprietor \_\_\_ S-Corp \_\_\_ C-Corp \_\_\_ LLC \_\_\_ Partnership Accounting Method \_\_\_ Cash \_\_\_ Accrual  
 Start Date \_\_\_\_\_ S-Corp Election Date (Please provide S-Corp Acceptance Letter from IRS) \_\_\_\_\_

**INCOME & EXPENSES**

**TOTAL INCOME** (1099's plus other revenue) \_\_\_\_\_

Less Returns and Allowances \_\_\_\_\_

**EXPENSES**

Advertising \_\_\_\_\_

Automobile Expense (complete section to right) \_\_\_\_\_

Bank Service Charges \_\_\_\_\_

Cleaning & Janitorial \_\_\_\_\_

Commissions/Independent Contractors \_\_\_\_\_

Computer & Internet Expenses \_\_\_\_\_

Dues & Publications \_\_\_\_\_

Education & Seminars \_\_\_\_\_

Employee Benefit Programs \_\_\_\_\_

Fines & Penalties (Non-Deductable) \_\_\_\_\_

Insurance (Fire, Liability, Workers Comp) \_\_\_\_\_

Health Insurance \_\_\_\_\_

Life & Disability Insurance \_\_\_\_\_

Interest (Business Related) \_\_\_\_\_

Legal & Professional Fees \_\_\_\_\_

Licenses & Permits \_\_\_\_\_

Office Supplies & Expenses \_\_\_\_\_

Postage & Freight \_\_\_\_\_

Rent/Lease Business Property \_\_\_\_\_

Repairs & Maintenance (Not Home Office) \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes (not Income Tax or Sales Tax) \_\_\_\_\_

Travel & Lodging (Out of Town) \_\_\_\_\_

Meals & Entertainment \_\_\_\_\_

Telephone (Local, Long Distance, Cell) \_\_\_\_\_

Tools Replacement \_\_\_\_\_

Uniforms \_\_\_\_\_

Utilities (Not Home Office) \_\_\_\_\_

Wages & Salaries Paid Out \_\_\_\_\_

Payroll Taxes \_\_\_\_\_

Other Expenses (Please List) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COST OF GOODS SOLD**

Product Purchased for Resale \_\_\_\_\_

Product Used for Personal Use \_\_\_\_\_

Materials and Supplies \_\_\_\_\_

Contract Labor \_\_\_\_\_

Beginning Inventory \_\_\_\_\_

Ending Inventory \_\_\_\_\_

**BUSINESS USE OF VEHICLE**

Vehicle Description \_\_\_\_\_

Date Vehicle was Placed in Service \_\_\_\_\_

Original Purchase Price or Other Basis \_\_\_\_\_

**Mileage** (All Fields Required)

Business Miles \_\_\_\_\_

Commuting Miles \_\_\_\_\_

Other Personal Miles \_\_\_\_\_

Total Miles \_\_\_\_\_

**Actual Expenses Paid**

Gasoline & Oil \_\_\_\_\_

Repairs, Tires, Car Washes \_\_\_\_\_

Auto Insurance \_\_\_\_\_

Registration Fees \_\_\_\_\_

Vehicle Loan Interest \_\_\_\_\_

**OFFICE IN HOME EXPENSES**

Area Used Exclusively for Business \_\_\_\_\_ sq. ft.

Total Area of Home \_\_\_\_\_ sq. ft.

Mortgage Interest \_\_\_\_\_

Property Taxes \_\_\_\_\_

Mortgage Insurance \_\_\_\_\_

Homeowners Insurance \_\_\_\_\_

Rent \_\_\_\_\_

Repairs & Maintenance \_\_\_\_\_

Utilities \_\_\_\_\_

Other Expenses \_\_\_\_\_

**NEW EQUIPMENT PURCHASED**

**Furniture, Equipment and Tools** Purchased for more than \$500 each that are expected to last longer than one year must be capitalized and depreciated. Please list each purchase on a separate sheet of paper with the **Date Purchased, Description, and Purchase Price.**