PERSONAL ACCOUNTING GROUP

Profit and Loss from Business

Please provide a separate sheet for each Business

Business Address	:					
Type of Business:	Sole Proprietor	C Corp.	S Corp		Partnership	
Accounting Meth	od: Cash	Accrual				
Did you "material	ly participate" ir	n operation	s of this b	usiness? `	Yes No	

Gross Receipts	
Cost of Goods Sold	
Total Income	

Expenses: State expenses incurred for the calendar year

	Amount	receipts
Advertising:		
Auto: Make & Model Date In Service		
Total Miles Per Yr Business Miles Per Yr	<u> </u>	
Bank Fees:		
Cellular:		
Cleaning and Maintenance:		
Commissions:		
Contract Labor:		
Equipment: Rental Lease		
Insurance:		
Internet / Cable:		
Legal and Professional:		
Management Fees:		
Meals and Entertainment:		
Office Expenses:		
Other Interest:		
Rent or Lease:		
Repairs:		
Supplies:		
Taxes and Licenses:		
Telephone(land line):		
Travel:		
Utilities:		
Wages:		
Other Expenses (please attach itemized list):		
Total Expenses		
Net Profit and Loss		

Owner

"Under the penalties of perjury, I declare that I examined the facts stated in this document, including any accompanying schedule and, to the best of my knowledge and belief, they are true, correct and complete."