

Business Income & Expenses

Company / Individual Name: _____	EIN/SSN: _____	Tax Year: _____
Products/Services: _____	Business Activity: _____	
Type of Business: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Contractor <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> C Corporation		

INCOME	
Gross Sales (or Cash Receipts from Business Activity)	\$ _____
Other Income (Forgiven PPP Loans received after March 31, 2021 or other income not listed above)	\$ _____
Returns and Allowances (Enter as negative number)	\$ -
Cost of Goods Sold = Beginning Inventory + Purchases + Materials & Supplies + Other Cost – Ending Inventory	\$ -
Gross Income	\$ _____

BUSINESS & UNREIMBURSED JOB EXPENSES (Ordinary & Necessary to Operate Business or Perform Job)			
Accounting Fees	\$	Payroll Taxes (Employer Portion)	\$
Advertising & Marketing (Website)	\$	Postage	\$
Alarm Service	\$	Printing Costs	\$
Association Dues	\$	Professional Services	\$
Bank Fees (Business Account)	\$	Repairs & Maintenance (Non-Auto)	\$
Bookkeeping	\$	Security	\$
Business Cards	\$	Software	\$
Cleaning	\$	Supplies	\$
Commission and Fees	\$	Taxes	\$
Contract Labor	\$	Telephone – Business Use of Cell	\$
Educational Training (Seminars/Networking Events)	\$	Tools	\$
Equipment Repairs	\$	Transportation	\$
Gifts (\$25 Max per person)	\$	Travel (Away from home for business)	\$
Insurance	\$	Uniforms – Include Dry Cleaning	\$
Lease or Rent Equipment	\$	Union Dues	\$
Lease or Rent Facility/Office	\$	Utilities (Non-Personal)	\$
Legal Fees	\$	Wages	\$
License & Permits	\$	Taxes and Licenses	\$
Meals	\$	Tax Preparation Fees	\$
Mortgage Interests	\$	Other:	\$
Notary Fees	\$	Other:	\$
Office Expense	\$	Other:	\$

CAR & TRUCK EXPENSES					
When did you place your vehicle in service for this business or service? _____		Did you have another vehicle available for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have evidence to support your expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Odometer Reading	Business Miles (Not Commuting Miles)		Other Miles	How did you keep track of these auto expenses?	What percentage of auto use is for business related purposes?
Beginning	Ending				
Vehicle Expense:		Amount:	Vehicle Expenses:		Amount:
Cleaning		\$	Oil & Lubrication		\$
Gas		\$	Parking & Tolls		\$
Garage Rent		\$	Personal Property Tax		\$
Insurance		\$	Repairs		\$
Interests		\$	Tires & Batteries		\$
Licenses & Leases		\$	Washing and Polishing		\$

BUSINESS USE OF HOME EXPENSES					
Square footage of home area used Regularly & Exclusively for business purposes: _____ Total area of home: _____					
Home Expense	Amount:	Home Expense	Amount:	Home Expense	Amount:
Mortgage Interests	\$	Insurance	\$	Repairs & Maintenance	\$
Real Estate Taxes	\$	Rent	\$	Utilities	\$

Asset Purchase Info					
	Description: _____	Purchase Date: _____	Purchase Price: \$ _____	Business Use % _____	
	Description: _____	Purchase Date: _____	Purchase Price: \$ _____	Business Use % _____	

I declare under penalties of perjury that the information on this form is true, complete, and correct to the best of my knowledge. I could provide receipts, statements, and proof of all expenses, income, and existence of business.

Signature: _____ Date: _____ Title: _____