



BUSINESS INFORMATION FORM

(be sure you have receipts to verify your expenses)

Name of Business:

Tax Year

1.) TOTAL INCOME YOU RECEIVED \$ _____

2.) Total Product (Amt) GOGS Purchased for Sale \$ _____

3.) Gross Revenue: (Line 1 Minus Line 2) \$ _____

OPERATING EXPENSES

Advertising	\$
Auto Expense	
Gas	\$
Washing	\$
Insurance	\$
Repairs & Maintenance	\$
Bank Charges	\$
Contract Labor	\$
Contributions	\$
Dues & Publications	\$
Hotel Expense	\$
Insurance	\$
Interest Expense	\$
Internet Expense	\$
Janitorial Expense	\$
Legal & Professional	\$
Licenses & Permits	\$
Meals & Entertainment	\$
Miscellaneous	\$
Office Expense	\$
Office Supplies	\$
Postage/Freight	\$
Promotional Expenses	\$
Radio/Pager	\$
Re-Imbursement	\$
Rent (Building)	\$
Rental/Lease Expense	\$
Repairs & Maintenance	\$
Salary & Wages	\$
Security Expense	\$
Seminars/Conv/Ed	\$
Service/Fees	\$
Small Tools	\$

Storage	\$
Taxes - IRS	\$
Taxes - Payroll	\$
Taxes - State	\$
Telephone/Pager/Cellular	\$
Tolls/Parking	\$
Travel	\$
Uniforms	\$
Utilities	\$

Total Operating Expenses \$

Net Income or (Loss) \$

(Total Amt made after Expenses)

Purchases:

Equipment Purchased (Date & Amount) _____

Furniture & Fixtures (Date & Amount) _____

Automobile (Yr., Make & Model) _____

Business Miles:

Weekly _____

Monthly _____