

TAXPlus of New Jersey

"Your Money. Your Future. Our Goal"

Business Profit & Loss

Business owned by _____ Taxpayer _____ Spouse

Name of Proprietor: _____

Company Name: _____

Address: _____
*If you own multiple businesses, complete a form for each one

EIN#: _____ Social Security#: _____

Tax Year: _____

Gross Receipts \$ _____

Advertisement \$ _____

Contract Labor \$ _____

Business Insurance \$ _____

Financial Institute Fees \$ _____
(merchant services free, overdraft fees, etc.)

Legal or Professional Services \$ _____

Office Expenses \$ _____
(pens, paper, cleaning supplies, etc.)

Rent or lease (equipment) \$ _____

Rent or lease (property) \$ _____

Repairs & Maintenance \$ _____

Supplies \$ _____
(cost of materials needed to make product)

State Sales Tax Payments \$ _____

Licenses \$ _____

X _____
Proprietor Signature

Travel \$ _____
(train/plane/hotel & car rental)

Meals \$ _____
(*no fast food write offs)

Utilities \$ _____
(electricity, water & natural gas from rented office/garage/or if business is operated at home)

Website \$ _____
(domain, hosting etc.)

Do you operate your business from home?
_____ Yes _____ No

Cell Phone \$ _____
(pro rated)

Seminars/CE Courses \$ _____

Other Business Expenses:
_____ \$ _____

Business miles driven _____
(for the year)

Date