

GENERAL INFORMATION

Check Ownership Taxpayer Spouse Joint

Business Name _____

Business Street Address _____

City, State and Zip Code _____

Principal Business/Profession _____

Employer ID Number _____ First Year

Accounting Method Cash Accrual Other (Specify) _____

Inventory Method Cost Lower Cost/Market Other (Specify) _____

INCOME **COST OF GOODS SOLD**

Commissions (1099's)	
Gross Receipts or Sales	
Other Income (Describe)	

Inventory @ 1/1/21	
Purchases	
Withdraws for Personal Use	
Labor	
Supplies	
Other	
Inventory @ 12/31/21	

EXPENSES **EXPENSES (CONTINUED)**

Accounting/Tax Preparation	
Advertising	
Bank Charges/Fees	
Commissions Paid	
Computer Supplies	
Consignments	
Continuing Education	
Dues & Subscriptions	
Employee Benefits	
Gifts (Client Relations)	
Insurance (Non-Health)	
Interest-Mortgage (Business)	
Interest-Loans & Credit Cards	
Internet Fees	
Legal & Professional Fees	
Licenses	
Meals-Business Only	
Office Supplies	
Postage & Delivery	
Printing	

Rent/Lease-Buildings	
Rental-Equipment	
Rental-Other	
Repairs & Maintenance	
Refunds	
Seminars	
Supplies (Not Cost of Goods)	
Taxes-Real Estate	
Taxes-Payroll	
Taxes-Other	
Telephone Expense	
Telephone-Cellular	
Temporary Services	
Training/Education	
Travel-Hotel	
Travel-Airfare/Car Rental	
Travel-Meals (100%)	
Utilities	
Vehicle-Use Worksheet	XXXXXXXXXXXXXXXXXXXX
Other Expenses-Use Worksheet	XXXXXXXXXXXXXXXXXXXX

Business Name _____

OTHER EXPENSES

DESCRIPTION	AMOUNT

EQUIPMENT PURCHASES

DESCRIPTION	DATE OF PURCHASE	PURCHASE PRICE	NEW OR USED

EQUIPMENT SOLD

DESCRIPTION	DATE OF SALE	SELLING PRICE