



TAX SERVICE

Business Income and Expenses

Owner Name:

Business Name:

You can write only the annual total or provide a breakdown of the

| <i>Income:</i> | Monthly | # Months | Annual Total |
|--|----------------|-----------------|---------------------|
| Income reported on 1099-NEC | | | |
| Income Reported on 1099 K Or other income forms | | | |
| Non reported income (checks or cash) | | | |
| Total Income | | | |
| Cost of good sold: | | | |
| Subcontractors paid with a 1099: | | | |
| Materials | | | |
| Supplies: | | | |
| Payroll | | | |
| Total COGS | | | |
| Gross Profit | | | |
| <i>Other Expenses:</i> | | | |
| Advertising | | | |
| Vehicle fuel expense (Only if not using mileage deduction) | | | |
| Comissions paid to vendors (not payroll) | | | |
| Employee benefits | | | |
| WCF Insurance | | | |
| Liability Insurance - Vehicles | | | |
| Business Mortgage Interest | | | |
| Bank Fees | | | |
| Legal and Professional Services | | | |
| Office Expenses | | | |
| Pension and Profit Sharing Plans | | | |
| Rental Equipment | | | |
| Rent (building) | | | |
| Repair and Maintenance | | | |
| Licenses and other Taxes | | | |
| Food & Travel (Only Business) | | | |
| % of cellphone use for business | | | |
| Utilities: | | | |
| Uniforms and Safety Equipment | | | |
| Others 1 | | | |
| Others 2 | | | |
| Total Other Expenses | | | |
| Total expenses | | | |
| Tentative Profit | | | |

Information about mileage: The IRS requires you to keep a written log of your mileage and business usage for the following information:

Mileage information should be by vehicle for the following:

| | Mileage Declared |
|--------------------------------|-------------------------|
| Total Mileage during the year: | |
| Business Miles Driven | |
| Commuting Miles | |
| Personal Mileage | |

By signing below, I confirm that the information I have provided regarding my business income and expenses is accurate and complete to the best of my knowledge. I understand that SG Tax Service is preparing my tax return based solely on the information I have provided and is not responsible for any inaccuracies or omissions. I accept full responsibility for the accuracy of the information provided and acknowledge that any errors or penalties resulting from incorrect or incomplete information are my responsibility.

Taxpayer's Signature -----
Date