Andino Consulting Group Inc.
13574 Village Park Dr. Ste 135
Orlando FL 32837
Tel 407-376-2911 - Fax 407-674-2255

TAX YEAR 2024
WWW.ANDINOTAX.COM

BUSINESS INCOME / INGRESOS $$ _____

FOOD SERVICES - FOOD TRUCK _____

BUSINESS EXPENSES

Cost of Good Sold

Food Purchases	Compras Comida	_____	Office Expenses	Gasto de Oficina	_____
Restaurant Supplies	Suministros	_____	Parking and Tolls	Peajes / Parqueo	_____
Small tools and equipment	Equipo Pequeno	_____	Payroll Expeses	Gastos Nomina	_____
Merchant Fees	Costo Credit Card	_____	Postage	Serv Postal	_____
Food Truck parking	Parqueo Camion	_____	Printing and Reproductions	Serv Impresion	_____
Food Truck entrance fees	Entradas Eventos	_____	Rents Paid	Renta Pagada	_____
Cost of labor	Costo Labor	_____	Repairs and Maintenances	Reparaciones	_____
-		_____	Security Systems	Alarma	_____
-		_____	Office Supplies	Suministros	_____
-		_____	Telephone expenses	Gasto Telefonos	_____
other Cost		_____	Temporary Help	Ayuda Temporal	_____
Inicial food inventary	Inventario Inicial	_____	Tools	Herramienta	_____
Final food Inventary	Inventario Final	_____	Training and Seminars	Entrenamientos	_____
			Travel Expenses	Gastos Viajes	_____

Expenses

Accounting	Costo Contador	_____	Uniforms	Uniformes	_____
Advertising	Publicidad	_____	Utilities	Serv Publicos	_____
Auto Truck Exp	Gasto Vehiculos	_____	-		_____
Bank Svc Charges	Cargos Bancos	_____	-		_____
Computer Expenses	Comisiones Pagadas	_____	-		_____
Dues and Subscriptions	Gastos Computador	_____	-		_____
Business Insurance	Subscripciones	_____			
Interest Paid	Seguro Negocio	_____			
Internet Expenses	Intereses Pagados	_____			
Janitorial Services	Gastos Internet	_____	Food Truck Cost	Camio de Comida	_____
Laundry & Cleaning	Gastos Aseo	_____	purchase date	Fecha Compra	_____
Legal & Professional Srvc	Gastos Profesionales	_____	Addtl Kitchen Equipment if ar	Equipo Cocina	_____
Licenses and Permits	Gastos Permisos	_____			
Meals to be reduced	Comidas de trabajo	_____			

I declare that all values that I am providing to Andino Consulting Group for my personal/business taxes are true.

_____
TAXPAYER SIGNATURE
BUSINESS OWNER/OFFICER DATE _____