



Business Profit/Loss Worksheet

YEAR _____

Name of Business _____ EIN # _____

Description of Business _____

Who does this business belong to? _____

Address of business _____

Describe your business _____

Date of startup _____

***Total Business Income \$** _____

EXPENSES

- Accounting \$ _____
- Advertising \$ _____
- Auto/Truck Expenses \$ _____
- Bad Debts \$ _____
- Bank Charges \$ _____
- Commissions Paid \$ _____
- Compensation of Officers \$ _____
- Contractors \$ _____
- Delivery/Freight \$ _____
- Dues/Subscriptions \$ _____
- Employee Benefit Programs \$ _____
- Gifts \$ _____
- Insurance \$ _____
- Interest \$ _____
- Janitorial \$ _____
- Laundry/Cleaning \$ _____
- Legal and Professional Fees \$ _____
- Licenses/Permits \$ _____
- Meals/Entertainment \$ _____
- Office Expense \$ _____
- Parking/Tolls \$ _____
- Pension/Profit Sharing \$ _____
- Postage \$ _____
- Printing \$ _____
- Rents \$ _____
- Repairs/Maintenance \$ _____
- Salaries/Wages \$ _____
- Security \$ _____
- Supplies \$ _____
- Payroll Taxes \$ _____
- Phone \$ _____
- Tools \$ _____
- Travel \$ _____
- Uniforms \$ _____
- Utilities \$ _____
- Miscellaneous \$ _____

Equipment Purchased:

Item: _____ Date: _____ Cost: \$ _____

Item: _____ Date: _____ Cost: \$ _____

Equipment Sold:

Item: _____ Date: _____ Cost: \$ _____

Item: _____ Date: _____ Cost: \$ _____

PRODUCTS SOLD

Beginning Inventory \$ _____

Product Purchased \$ _____

Ending Inventory \$ _____

MILEAGE

Vehicle Type _____

Date in service _____

Cost _____

Total Miles Driven _____

Total Business Miles _____

BUSINESS USE OF HOME - simplified

Business Area Square Footage _____

Total Home Square Footage _____

Corporations/Partnerships ONLY

Business Checking Balance \$ _____

Business Credit Card Balance \$ _____

Signature X _____

Date _____