



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 \$ _____**

BUSINESS ONLY 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 (not health)	\$ _____
Interest	\$ _____
Janitorial	\$ _____
Laundry/Cleaning	\$ _____
Legal and Professional Fees	\$ _____
Licenses/Permits	\$ _____
Meals/Entertainment	\$ _____
Office Expense	\$ _____
Parking/Tolls	\$ _____
Pension/Profit Sharing	\$ _____
Postage	\$ _____
Printing	\$ _____
Rent	\$ _____
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: \$ _____

PRODUCTS SOLD

Beginning Inventory	\$ _____
Product Purchased	\$ _____
Ending Inventory	\$ _____

MILEAGE

Vehicle Type	_____
Date in service	_____
Original Cost	_____
Total Miles Driven	_____
Total Business Miles	_____

BUSINESS USE OF HOME – totals for entire home

Business Area Square Footage	_____
Total Home Square Footage	_____
Real Estate Taxes	_____
Mortgage Interest	_____
Rent – rather than own home	_____
Repairs/Maintenance	_____
Utilities	_____

Corporations/Partnerships ONLY

Business Checking Balance	\$ _____
Business Credit Card Balance	\$ _____

Signature X _____

Date _____