

CLIENT INCOME/EXPENSE REPORT 2025



Client Name: _____
Phone Number: _____
Client Signature: _____
EIN: _____

Charitable Contributions				
Date Made	Charity/Organization	Value of Contribution or Amt Given	Type of Contribution	Totals
				\$
				\$
				\$
				\$
				\$
				\$
Totals				\$

Medial and Dental Expenses - Out of Pocket			
Type of Expense	Medial Miles Driven	Notes (if any)	Totals
			\$
			\$
			\$
			\$
			\$
			\$
Totals			\$



CLIENT EXPENSE REPORT

Client Name: _____

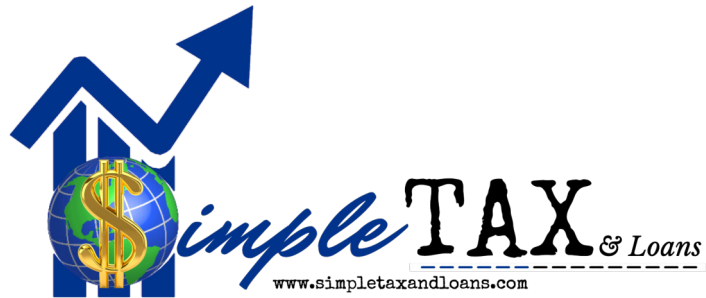
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Income Ledger (Sole Proprietor/Single Member LLC)			
Income (Banking/Chime/PayPal/CashApp/Venmo/Zelle/Apple Pay/Google Pay/etc)	Other Income (1099(NEC/MISC etc.)	Cash Payments	
			End Of Year Income In \$

Business Expenses			
Advertising			\$
Commissions			\$
Contract Labor			\$
Interest Paid on Credit Cards/Loans			\$
Legal/Professional Fees			\$
Banking/Credit Card Fees			\$
Supplies/Tools			\$
State Sales Tax/Licensing (Renewals)			\$
Professional Training			\$
Company Travel (Airfare/Stays//AirBNB/Ride Share/Taxi/Rentals)			\$
Meals			\$
			Totals \$



CLIENT EXPENSE REPORT

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Business Vehicle Expenses (Total Annual Expenses)		
Gas		\$
Licenses		\$
Mileage		\$
Oil/Lubrication		\$
Parking Fees/Tolls		\$
Repairs/Maintenance		\$
Tires/Batteries		\$
Washing		\$
Insurance		\$
Business Miles Driven		
		Totals \$

Business Home/Office Expenses (Total Annual Expenses)		
Casualty Losses		\$
Insurance		\$
Phone		\$
Rent		\$
Internet		\$
Repairs/ Maintenances		\$
Utilities (Electricity, Gas, Water, Cable)		\$
		Totals \$