CLIENT INCOME/EXPENE 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: _____

Phone Number: _____

Client Signature: _____

EIN: _____

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

Client Name: _____

Phone Number: _____

Client Signature: _____

EIN: _____

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 (Electricty,Gas, Water, Cable)		**$**
	Totals	**$**