



CLIENT EXPENSE REPORT

Client Name: _____

Phone Number: _____

Client Signature: _____

Charitable Contributions

Date Made	Charity/Organization	Value Of Contribution Or Amount Given	Type Of Contribution	Totals
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate

Notes (Enter
Medical Miles
Driven Here Also)

Totals

#can't calculate

Medical/Dental Expenses (Out-of-Pocket)

Date Made	Type of Expense	Medical Miles Driven	Totals
			#can't calculate
			#can't calculate
			#can't calculate
			#can't calculate
			#can't calculate
			#can't calculate

Medical Miles

Totals

#can't calculate

Personal Vehicle Expenses

Year: 2020	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Gas													#can't calculate
Licenses													#can't calculate
Mileage													#can't calculate
Oil/Lubrication													#can't calculate
Parking Fees/Tolls													#can't calculate
Repairs/Maintenance													#can't calculate
Tires/Batteries													#can't calculate
Washing													#can't calculate
Insurance													#can't calculate
Personal Miles Driven												Totals	#can't calculate

Personal Home Expenses

Year: 2020	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Casualty Losses													#can't calculate
Insurance													#can't calculate
Phone													#can't calculate
Rent													#can't calculate
Internet													#can't calculate
Repairs/Maintenances													#can't calculate
Utilities (Electricity, Gas, Water, Cable)													#can't calculate
												Totals	#can't calculate



CLIENT EXPENSE REPORT

Client Name: _____

Phone Number: _____

Client Signature: _____

Income Ledger (Sole Proprietor/Single Member LLC)

DATE	CUSTOMER/SOURCE	PAYMENT RECEIVED	SERVICE OR GOODS PROVIDED	Totals
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate
				#can't calculate

Totals #can't calculate

Business Expenses

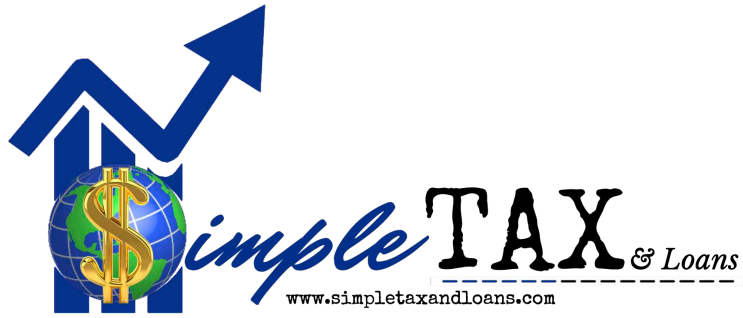
Name of Company _____

EIN# if applicable _____

Year: 2020	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Advertising													#can't calculate
Commissions													#can't calculate
Contract Labor													#can't calculate
Interest Paid													#can't calculate
Legal/Professional Fees													#can't calculate
Meals/Entertainment													#can't calculate
Other Expenses													#can't calculate
Rent/Leasing Fees													#can't calculate
Repairs/Maintenance													#can't calculate
Supplies/Tools													#can't calculate
Taxes/Liscenses													#can't calculate
Training													#can't calculate
Travel													#can't calculate
Utilities													#can't calculate

Totals #can't calculate

Business Vehicle														
Year:	2020	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Gas														#can't calculate
Licenses														#can't calculate
Mileage														#can't calculate
Oil/Lubrication														#can't calculate
Parking Fees/Tolls														#can't calculate
Repairs/Maintenance														#can't calculate
Tires/Batteries														#can't calculate
Washing														#can't calculate
Insurance														#can't calculate
Enter Business Miles Driven												Totals	#can't calculate	
Home Office (if any)														
Year:	2020	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Totals
Casualty Losses														#can't calculate
Insurance														#can't calculate
Phone														#can't calculate
Rent														#can't calculate
Internet														#can't calculate
Repairs/Maintenances														#can't calculate
Utilities (Electricity, Gas, Water,														#can't calculate
												Totals	#can't calculate	



CLIENT BUSINESS INCOME/EXPENSE REPORT

DOB	TAXPAYER NAME	SS OR EIN NUMBER	BUSINESS NAME (IF ANY)

PURPOSE	GROSS INCOME
Purpose of income/expense report: TAX YEAR 2022	

PAY PERIOD	
FROM	TO
1-1-22	12-31-22

DATE	DESCRIPTION	AIR & TRANS.	LODGING	FUEL / MLG.	PHONE	MEALS & TIPS	ENTMT.	CLOTHING	TOTAL
January									\$ -
February									\$ -
March									\$ -
April									\$ -
May									\$ -
June									\$ -
July									\$ -
August									\$ -
September									\$ -
October									\$ -
November									\$ -
December									\$ -
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Subtotal	\$ -
Advances	-
Total Reimbursement	\$ -

PLEASE REMEMBER TO SEND SCREENSHOTS AND/OR RECEIPTS

Itemized Expenses or Description of Other*

**CABLE, INTERNET, COMUPTERS, CELL PHONE*

ENTIRE YEAR	DESCRIPTION	AMOUNT
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -

SIGNATURE	DATE

Itemized Expenses or Description of Vehicle expenses & mileage

Make	Model	Year

Miles Drove	Jan 1 - June 30	
	July 1 - Dec 31	
Gas		\$0.00 -
Oil changes		\$0.00 -
Registration renewal		\$0.00 -

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