

Company name _____

Company Profession _____

Company EIN# _____ Tax year _____

Company address _____

Entity type (please circle one/select one):

Form 1040 (Schedule C) Form 1120 Form 1120s Form 1065P Other _____

***Please attach copy of EIN letter from the IRS if possible

Income from sales \$ _____ Income from loans \$ _____ Income from owner \$ _____

Advertising _____ \$ _____

Auto payments _____ \$ _____

Bank fees _____ \$ _____

Business related expense _____ \$ _____

Insurance _____ \$ _____

Materials/supplies _____ \$ _____

Meals and entertainment _____ \$ _____

Office expense _____ \$ _____

Parking fees and tolls _____ \$ _____

Phone expense _____ \$ _____

Rent _____ \$ _____

Repairs and maintenance _____ \$ _____

Shipping and postage _____ \$ _____

Subscriptions and dues _____ \$ _____

Training/education/seminars _____ \$ _____

Travel _____ \$ _____

Utilities _____ \$ _____

All other expense _____ \$ _____

All other expense _____ \$ _____

Signature _____ Date ____/____/____