

Client Name \_\_\_\_\_

Tax Year \_\_\_\_\_

Business \_\_\_\_\_

**BUSINESS INCOME**

Regular Services \_\_\_\_\_

Other Income \_\_\_\_\_

Total Business Income \_\_\_\_\_

**COST OF SALES**

Beginning Inventory \_\_\_\_\_

Ending Inventory \_\_\_\_\_

Purchases \_\_\_\_\_

Freight In \_\_\_\_\_

**DIRECT BUSINESS EXPENSES**

Advertising \_\_\_\_\_

Contract Work \_\_\_\_\_

Bank Fees \_\_\_\_\_

Education/Training \_\_\_\_\_

Licenses/Taxes \_\_\_\_\_

Office Expense \_\_\_\_\_

Repairs/Maintenance \_\_\_\_\_

Wages Paid \_\_\_\_\_

Gifts (< \$25 each) \_\_\_\_\_

Utilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Auto & Truck (Mileage)

Business Miles \_\_\_\_\_

Personal Miles \_\_\_\_\_

Commuting Miles \_\_\_\_\_

Total Miles \_\_\_\_\_

Auto Expense (\$) \_\_\_\_\_

Dues/Subscriptions \_\_\_\_\_

Insurance (Bus) \_\_\_\_\_

Meals/Entertainment \_\_\_\_\_

Prof Fees \_\_\_\_\_

(Tax, legal) \_\_\_\_\_

Supplies \_\_\_\_\_

(Cleaning other) \_\_\_\_\_

Phone (L/D bus) \_\_\_\_\_

Phone (2<sup>nd</sup> line) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Rent \_\_\_\_\_

\_\_\_\_\_

**BUSINESS EQUIPMENT/FURNITURE PURCHASES SINCE LAST YEAR**

- |    |       |             |          |
|----|-------|-------------|----------|
| 1. | _____ | Month _____ | \$ _____ |
| 2. | _____ | Month _____ | \$ _____ |
| 3. | _____ | Month _____ | \$ _____ |
| 4. | _____ | Month _____ | \$ _____ |
| 5. | _____ | Month _____ | \$ _____ |
| 6. | _____ | Month _____ | \$ _____ |