

Visit us on the web at:

Type of Business: (800) _____ Code (801) _____
Name of Business (802) _____ Year Started _____
Address (if different), (803, 804) _____ (44 / 1st YEAR)
Employer Identification Number (EIN) (805) _____ ACCT. METHOD (7/1) {SPOUSE (1) JOINT (2) CODE (10)}

GROSS INCOME: (1099-MISC.information) = _____ (51) \$ _____
Other Income (reimbursements, returns, etc.) (54) \$ _____

INVENTORY: (all @ your cost)
Beginning Inventory (14) _____
Purchases (less personal use) (15) _____
Ending Inventory (20) _____ = Cost of Goods Sold \$ _____
Cost of Materials used to Perform Job (18) \$ _____

DIRECT EXPENSES:
Advertising (56) _____
Contract Labor (1099's Only) (87) _____
Employee Expenses (64) _____
Insurance (66) _____
Interest Other (67) _____
Legal & Professional (69) _____
Office Expense (70) _____
Equipment Rental (58) _____
Property Rent or Lease (72) _____
Repairs (73) _____
Supplies (74) _____
Utilities & Telephone (77) _____

TAXES PAID:
Sales Tax (43) _____
Real Estate Tax (45) _____
Licenses & Permits (75) _____
Payroll Taxes:
FICA _____ ETT & UI _____
Medicare _____ FUTA _____
Total Payroll Taxes = (41) _____

TRAVEL EXPENSES:
Air Fare _____ Hotel / Motel _____
Bus, Taxi, etc. = (76) _____
Meals and Entertainment of Clients (81) _____
Wages (W-2 Employees Only) (78) _____

OTHER EXPENSES:
Bank Charges (203) _____
Dues, Books, Publications (205) _____
Education (90) _____
Janitorial (206) _____
Laundry & Cleaning (207) _____
(90) _____

Outside Services (Non-1099 Labor) (209) _____
Security (213) _____
Tools (215) _____
Uniforms (216) _____
(90) _____
(90) _____

NEW EQUIPMENT List Items Date Cost Business % (Use back of form if more space is needed)

Vehicle Information
Yr / Make / Model _____
Lease / Purchase Date: _____
Lease Fees Sales Price _____
Interest Paid Insurance _____
Registration Repairs _____
Parking/Tolls Gas _____
ENDING ODOMETER:
Total Miles: _____ Bus. Miles: _____

Yr / Make / Model _____
Lease / Purchase Date: _____
Lease Fees Sales Price _____
Interest Paid Insurance _____
Registration Repairs _____
Parking/Tolls Gas _____
ENDING ODOMETER:
Total Miles: _____ Bus. Miles: _____