



SUMMARY OF BUSINESS EXPENSES

Taxpayer Name: _____ Business Code: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Principal Business or Profession: _____
 Business Name: _____ Employer ID #: _____

SOURCES OF INCOME

Gross Receipts or Sales \$ _____
 Cost of Goods Sold \$ _____
 Gross Profit \$ _____
 Non-Employee Comp (1099) \$ _____
Total Business Income \$ _____

ADVERTISING EXPENSES

Photocopy of Pamphlets \$ _____
 Signs / Billboards / Business Cards \$ _____
 Misc. Advertising Expenses \$ _____
Total Advertising Expenses \$ _____

OPERATING EXPENSES

Wages & Salaries \$ _____
 Business Utilities/Cables \$ _____
 Business Taxes & Licenses \$ _____
 Repair & Maintenance (Equip) \$ _____
 Commissions / Fees Paid \$ _____
 Employee Benefits \$ _____
 Bad Debts from Services \$ _____
 Insurance \$ _____
 Business Bldg Mortgage Interest \$ _____
 Business Legal & Prof. Fees \$ _____
 Pension & Profit Sharing \$ _____
 Bus Rent/Lease Machine/Equip \$ _____
 Bus Rent/Lease Bus. Property \$ _____
 Misc. Expenses (Specify) \$ _____

DEPRECIATION EXPENSES

Asset Name _____
 Date of Original Purchase _____
 Original Purchase Price \$ _____
 Date Placed in Business \$ _____

CAR & TRUCK EXPENSES (ACTUAL)

Gasoline & Oils \$ _____
 Repairs & Tires \$ _____
 Auto Insurance \$ _____
 Business Car Tax & Licenses \$ _____
 Car Rental Fees \$ _____
 Depreciation Expense (4562) \$ _____
 Total Car Lease \$ _____
Total Actual Receipts \$ _____

CAR & TRUCK EXPENSES (MILEAGE / YR)

Date Placed in Service _____
 Business Miles (Business Use) _____
 Daily Commuting Miles _____
 Total Commuting Miles _____
Total Yearly Mileage _____

TRAVEL & TRANSPORTATION

Travel away from home \$ _____
 Other Business Expenses \$ _____
 Plane Tickets \$ _____
 Taxi / Bus Fares \$ _____
 Hotel / Lodging \$ _____
 Tips & Laundry \$ _____
Total Travel Expenses \$ _____
 Meals & Representation \$ _____
 Parking & Tolls \$ _____

CHILD & DEPENDENT CARE EXPENSES

Provider Name _____
 SSN / FEIN _____
 Address _____
 Phone # _____
 Child Name _____
 Amount Paid \$ _____

Prepared By _____ Date _____