



BUSINESS INCOME

BUSINESS INFORMATION

BUSINESS NAME BUSINESS EIN

BUSINESS ADDRESS IF DIFFERENT

BUSINESS PROFESSION

DID YOU MATERIALLY PARTICIPATE IN THE BUSINESS? [] YES OR [] NO INVENTORY METHOD? [] COST [] LCM [] OTHER

IS THIS YOUR FIRST YEAR OF BUSINESS? [] YES OR [] NO ACCOUNTING METHOD? [] CASH [] ACCRUAL

DID YOU PAY OVER \$600 AND REQUIRED TO FILE 1099 FORMS? [] YES OR [] NO ARE YOU GOING TO FILE? [] YES OR [] NO

Table with 2 columns: INCOME and COST OF GOODS SOLD. Rows include GROSS INCOME, RETURNS AND ALLOWANCES, OTHER INCOME, BEGINNING INVENTORY, PURCHASES, COST OF LABOR AND MATERIALS, END OF YEAR INVENTORY.

Table with 2 columns: EXPENSES. Rows include ADVERTISING, COMMISSIONS, CONTRACT LABOR, EMPLOYEE BENEFITS, EDUCATION, INSURANCE, INTEREST, PROFESSIONAL, ACCOUNTING, LIC AND DUES, OTHER, OFFICE EXPENSE, RENT, REPAIRS/MAINTENANCE, SUPPLIES, TAXES, PAYROLL TAXES, TRAVEL, MEALS, UTILITIES, WAGES, OTHER.

AUTO EXPENSES STANDARD - IF YOU CLAIM ACUTAL INCLUDE ABOVE

MAKE, MODEL AND YEAR? TOTAL MILES FOR THE YEAR
WHEN DID YOU PLACE IN SERVICE? TOTAL BUSINESS MILES
PARKING

Table with 5 columns: DEPRECIATION. Rows include PROPERTY, DATE ACQUIRED, COST OR BASIS, DEPREICATION METH, PRIOR DEPRECIATION.

HOME OFFICE - USED REGULARLY AND EXCLUSIVELY FOR BUSINESS

TOTAL AREA OF HOME HOME INSURANCE
AREA USED FOR BUSINESS REPAIRS AND MAINTENANCE
RENT PER YEAR? UTILITIES
OWN - PURCHASE PRICE OF HOME, DATE PURCHASE? OTHER

SELF EMPLOYED HEALTH INSURANCE

HOW MUCH DID YOU PAY FOR HEALTH INSURANCE COVERAGE FOR YOU AND YOUR FAMILY?

I HAVE PROVIDE ALL INFORMATION CORRECTLY ABOVE

BUSINESS OWNER SIGNATURE DATE