

BUSINESS INCOME & EXPENSES

CLIENTS NAME _____

TYPE OF BUSINESS: _____

NAME OF BUSINESS: _____	** IF NEW BUSINESS **
ADDRESS: _____ CITY _____ STATE _____ ZIP _____	DATE STARTED _____

DID YOU MATERIALLY PARTICIPATE IN THE OPERATION OF THE BUSINESS? YES NO
 DID YOU MAKE ANY PAYMENTS THAT WOULD REQUIRE YOU TO FILE FORM(S) 1099? YES NO IF YES, DID YOU FILE THEM? YES NO
 DID YOU SELL ANY EQUIPMENT OR TRADE ANY VEHICLES? YES NO IF YES, NEED DATE, SELLING PRICE AND SELLING EXPENSES.

INCOME	
BUSINESS INCOME (1099s,CASH,CHECK)	\$
OTHER INCOME: TYPE _____	\$
TOTAL INCOME	\$

COST OF GOOD SOLD	
PURCHASES (LESS PERSONAL USE)	\$
MATERIALS & SUPPLIES	\$
ENDING INVENTORY (IF APPLICABLE)	\$

EXPENSES - DO NOT INCLUDE PERSONAL OR LIVING EXPENSES	
ADVERTISING	\$
BANK FEES AND CREDIT CARD FEES	\$
COMMISSION & FEES	\$
CONTRACT LABOR	\$
DUES & SUBSCRIPTIONS	\$
INSURANCE BUSINESS	\$
INTEREST: MORTGAGE	\$
INTEREST: BUSINESS LOANS, CREDIT CARDS	\$
INTERNET (YR TOTAL) \$ _____ % USED FOR BUSINESS _____ %	\$
LEGAL & PROFESSIONAL SERVICES	\$
LICENSE & PERMITS	\$
OFFICE EXPENSE & SUPPLIES	\$
RENT: EQUIPMENT & MACHINERY	\$
RENT: BUSINESS PROPERTY	\$
REPAIRS & MAINTENANCE	\$

SUPPLIES (NOT INCLUDED ABOVE)	\$
TAXES: PAYROLL SOC SEC	\$
TAXES: PAYROLL MED	\$
TAXES: PAYROLL SUTA	\$
TAXES: PAYROLL FUTA	\$
TAXES: REAL ESTATE (BUSINESS LOCATION)	\$
TRAVEL-AIRFARE, HOTEL, RENTAL CAR	\$
TRAVEL-MEALS	\$
CELLULAR (YR TOTAL) \$ _____ % USED FOR BUSINESS _____ %	\$
TELEPHONE (OFFICE OR 2ND LINE ONLY)	\$
UTILITIES (ELECT,GAS,WATER)	\$
WAGES	\$
OTHER:	\$
OTHER:	\$
OTHER:	\$

BUSINESS EQUIPMENT PURCHASED	
TYPE: _____ DATE _____	\$
TYPE: _____ DATE _____	\$
TYPE: _____ DATE _____	\$

OFFICE FURNITURE/EQUIPMENT PURCHASED	
TYPE: _____ DATE _____	\$
TYPE: _____ DATE _____	\$
TYPE: _____ DATE _____	\$

CAR/TRUCK EXPENSE	
AUTO #1 MILES: _____ x _____	\$
AUTO #2 MILES: _____ x _____	\$
ACTUAL ONLY: FUEL	\$
ACTUAL ONLY: INSURANCE	\$

ACTUAL ONLY: LOAN INTEREST	\$
ACTUAL ONLY: LICENSE	\$
ACTUAL ONLY: REPAIRS & MAINTENCE	\$
ACTUAL ONLY: MISC	\$

OFFICE IN HOME	
HOUSE SQ FEET _____	
OFFICE SQ FEET _____	
MORTGAGE INTEREST	\$
REAL ESTATE TAXES	\$
HOMEOWNERS INSURANCE	\$
RENT	\$
UTILITIES (ELECT,GAS,WATER)	\$

DAYCARE IN THE HOME	
DAYS USED FOR YEAR _____	
TOTAL HOURS PER DAY _____	
TOTAL # BREAKFAST _____	
TOTAL # AM SNACKS _____	
TOTAL# LUNCHES _____	
TOTAL # PM SNACKS _____	
TOTAL # DINNERS _____	