



**Basic Information**

Proprietor's Name.....	_____	Year.....	_____
Business Name.....	_____	Federal ID # .....	_____
Business Address.....	_____	State ID # .....	_____
Business Activity.....	_____	Accounting Method.....	Cash____ Accrual____
		Do you own inventories?	Yes ____ No ____
		Number of months in operation?	_____

**Income (not including sales tax)**

Sales or Receipts from	_____
Merchant Card and 3rd Party....	_____
Sales or Receipts from	_____
Non-Merchant Card Networks....	_____
Other Income (Describe):	_____
_____	_____
_____	_____
Sales Returns.....	_____
<b>Total Income</b>	_____

**Cost of Goods Sold**

Beginning Inventory .....	_____
Purchases.....	_____
Items Withdrawn For	_____
Personal Use .....	( _____ )
Freight-In .....	_____
Other Costs (Describe):	_____
_____	_____
_____	_____
End of Year Inventory.....	( _____ )
<b>Cost of Goods Sold</b>	_____

**Expenses**

Advertising .....	_____	Supplies and Small Tools ....	_____
Bad Debts (Accrual) .....	_____	Taxes and Licenses:	_____
Bank Charges .....	_____	Real Estate .....	_____
Commissions .....	_____	Employer FICA .....	_____
Employee Benefits:	_____	State Unemployment .....	_____
Pension Plans.....	_____	Federal Unemployment .....	_____
Other:_____	_____	Licenses .....	_____
Insurances.....	_____	Sales Tax if Included in Income	_____
General and Liability.....	_____	Other:_____	_____
Worker's Compensation.....	_____	Travel and Lodging .....	_____
Health Insurance for Yourself	_____	Meals and Entertainment .....	_____
Health Insurance for Employees	_____	Utilities .....	_____
Interest Expenses:	_____	Telephone .....	_____
Mortgage Paid to Banks.....	_____	Wages and Salaries .....	_____
Other:_____	_____	Auto and Truck Expense .....	_____
_____	_____	<b>(Complete the required information on back)</b>	
Legal and Accounting .....	_____	Other Expenses (Describe):	_____
Office Expenses .....	_____	_____	_____
Rents on Equipment.....	_____	_____	_____
Rents - Bldgs and Other.....	_____	_____	_____
Repairs and Maintenance.....	_____	_____	_____
		<b>Total Expenses</b>	_____

**Equipment, Buildings, and Vehicles Purchased/Traded During The Year**

(Bring all purchase and trade documents - note if new or used)

Item Description (New or Used?)	Date Placed In Service	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

**If you are deducting expenses for cars or trucks and home office, fill in the required information on back.**

**Reminder: Due date for Forms 1099, W-2, 941, 940, and CRP is January 31. Please call with questions.**

