

Nisswa Office

Income & Expense From Business Or Profession

(218) 829-3501		Or Profession			
	Basic Information				
Proprietor's Name	Year				
Business Name	Federal ID #				
Business Address	State ID #				
	Accounting Method	Cash Accrual			
Business Activity	Do you own inventories?	Yes No			
	Number of months in operation?				
Income (not including sales tax)	Cost of Goo	Cost of Goods Sold			
Sales or Receipts from	Beginning Inventory				
Merchant Card and 3rd Party	Purchases				
Sales or Receipts from	Items Withdrawn For				
Non-Merchant Card Networks	Personal Use	()			
Other Income (Describe):	Freight-In				
	Other Costs (Describe):				
Sales Returns					
Total Income	End of Year Inventory	()			
	Cost of Goods Sold				
	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					
Interest Expenses:	Utilities Telephone				
Mortgage Paid to Banks	Wages and Salaries				
Other:	Auto and Truck Expense				
Other	(Complete the required information of	on back)			
Logal and Accounting	Other Expenses (Describe):	on back)			
Legal and Accounting Office Expenses	Other Expenses (Describe).				
·					
Rents on Equipment					
Rents - Bldgs and Other		_			
Repairs and Maintenance	Total Expenses				
Equipment, Build	ings, and Vehicles Purchased/Traded During The Year	•			
	chase and trade documents - note if new or used)				
Item Description (New or Used?)	Date Placed In Service	Cost			

Rental Income		Office In Home			
Address of Rental		Describe Business (Conducted in Home Office	ce	
Total Rents Received		If you maintain a home office used exclusively in your trade or business on a regular and continuing basis as your principal place of business, a regular place to meet customers or the place you perform your administrative duties, you may be entitled to deduct a portion of your expenses. Total Area Used for Business			
Interest Paid to Individuals Legal and Professional Real Estate Tax Supplies		Total Area of Your H Daycare Only: Hours Expenses of Home: Insurance	lomes Worked		
Repairs Electric Heat		Mortgage Interest Real Estate Tax Repairs and Mainter	nance		
Water		Other (Describe):			
Major Improvements or Furnishings :		Office Equipment Pupurchases listed on	urchased: (Other the bottom of the revers	than equipment	
Item Description Date Purchased (New or Used?)	Cost	Item Description (New or Used?)		Cost	
	Pusinasa	lles of Automobi			
If you are required to use your vehicle in your		Use of Automobil		mation	
(Mileage is deductible @ \$.67 per mile) Retain the required mileage log and/or receip		x records.			
4) Data alread in coming		Auto #1	Auto #2	Auto #3	
Date placed in service Tatal miles driven during the year.			<u> </u>		
Total miles driven during the yearTotal number of business miles 1/1-6/30:				-	
4) Total number of business miles 7/1-0/30			_		
5) Average daily round trip commuting miles				-	
6) Total commuting miles for the year					
7) Is another vehicle available for personal use?		Y N	YN	YN	
8) Was any employer provided vehicle available		· · ·	· · ·	· ··	
personal use in off duty hours?		Y N N/A	Y N N/A	Y NN/A	
9) Do you have adequate records or sufficient e		 			
to justify these deductions?		Y N	Y N	Y N	
10) If yes, is the evidence written?		Y N Y N	Y N Y N	Y N	
Actual Expenses:		Auto #1	Auto #2	Auto #3	
Oil and Grease					
Repairs					
Tires					
Washing					
Parking					
Insurance					
Lease Payments					
Interest					
Licenses					