



B. Johnson & Assoc., Ltd.
CERTIFIED PUBLIC ACCOUNTANTS

Brainerd Office
(218) 829-3501

Nisswa Office

**Income & Expense
From Business
Or Profession**

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.....	_____
Total Income	_____

Cost of Goods Sold

Beginning Inventory	_____
Purchases.....	_____
Items Withdrawn For	_____
Personal Use	()
Freight-In	_____
Other Costs (Describe):	_____
_____	_____
_____	_____
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	_____	Utilities	_____
Interest Expenses:	_____	Telephone	_____
Mortgage Paid to Banks.....	_____	Wages and Salaries	_____
Other:_____	_____	Auto and Truck Expense	_____
_____	_____	(Complete the required information on back)	
Legal and Accounting	_____	Other Expenses (Describe):	_____
Office Expenses	_____	_____	_____
Rents on Equipment.....	_____	_____	_____
Rents - Bldgs and Other.....	_____	_____	_____
Repairs and Maintenance.....	_____	_____	_____
		Total Expenses	_____

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.

Rental Income

Address of Rental _____

Total Rents Received _____

Rental Expense: _____

Advertising _____

Auto and Travel (See Below) _____

Painting and Cleaning _____

Insurance _____

Interest Paid Banks _____

Interest Paid to Individuals _____

Legal and Professional _____

Real Estate Tax _____

Supplies _____

Repairs _____

Electric _____

Heat _____

Water _____

Garbage Removal _____

Telephone _____

Management Fees _____

Other (Describe): _____

Major Improvements or Furnishings :

Item Description (New or Used?)	Date Purchased	Cost
------------------------------------	----------------	------

Office In Home

Describe Business Conducted in Home Office _____

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 _____

Total Area of Your Home _____

Daycare Only: Hours Worked _____

Expenses of Home:

Insurance _____

Mortgage Interest _____

Real Estate Tax _____

Repairs and Maintenance _____

Utilities _____

Other (Describe): _____

Office Equipment Purchased: (Other than equipment purchases listed on the bottom of the reverse side of this sheet)

Item Description (New or Used?)	Date Purchased	Cost
------------------------------------	----------------	------

Business Use of Automobile

If you are required to use your vehicle in your employment, business or rental, provide the following information.

(Mileage is deductible @ \$.70 per mile)

Retain the required mileage log and/or receipts with your tax records.

Auto #1

Auto #2

Auto #3

1) Date placed in service _____

2) Total miles driven during the year _____

3) Total number of business miles _____

4) Average daily round trip commuting miles _____

5) Total commuting miles for the year _____

6) Is another vehicle available for personal use? _____

Y___ N___

7) Was any employer provided vehicle available for

personal use in off duty hours? _____

Y___ N___ N/A___

8) Do you have adequate records or sufficient evidence

to justify these deductions? _____

Y___ N___

9) If yes, is the evidence written? _____

Y___ N___

Actual Expenses:

Gas _____

Oil and Grease _____

Repairs _____

Tires _____

Washing _____

Parking _____

Insurance _____

Lease Payments _____

Interest _____

Licenses _____

Auto #1

Auto #2

Auto #3
