



Basic Information

Proprietor's Name.....
Business Name.....
Business Address.....
Business Activity.....

Year.....
Federal ID #
State ID #
Accounting Method.....
Do you own inventories?
Number of months in operation?

Cash _____ Accrual _____
Yes _____ No _____

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Items Withdrawn For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

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Expenses

Advertising
Bad Debts (Accrual)
Bank Charges
Commissions
Employee Benefits:
Pension Plans.....
Other: _____
Insurances.....
General and Liability.....
Worker's Compensation.....
Health Insurance for Yourself
Health Insurance for Employees
Interest Expenses:
Mortgage Paid to Banks.....
Other: _____
Legal and Accounting
Office Expenses
Rents on Equipment.....
Rents - Bldgs and Other.....
Repairs and Maintenance.....

Supplies and Small Tools
Taxes and Licenses:
Real Estate
Employer FICA
State Unemployment
Federal Unemployment
Licenses
Sales Tax if Included in Income
Other: _____
Travel and Lodging
Meals and Entertainment
Utilities
Telephone
Wages and Salaries
Auto and Truck Expense
(Complete the required information on back)
Other Expenses (Describe):

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.

- 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?
- 7) Was any employer provided vehicle available for personal use in off duty hours?
- 8) Do you have adequate records or sufficient evidence to justify these deductions?
- 9) If yes, is the evidence written?

Auto #1 _____ Auto #2 _____ Auto #3 _____

Y ____ N ____ Y ____ N ____ Y ____ N ____

Y ____ N ____ N/A ____ Y ____ N ____ N/A ____ Y ____ N ____ N/A ____

Y ____ N ____ Y ____ N ____ Y ____ N ____
 Y ____ N ____ Y ____ N ____ Y ____ N ____

Auto #1 _____ Auto #2 _____ Auto #3 _____

Actual Expenses:

Gas.....
 Oil and Grease.....
 Repairs.....
 Tires.....
 Washing.....
 Parking.....
 Insurance.....
 Lease Payments.....
 Interest.....
 Licenses.....