

### BUSINESS INCOME (LOSS)

-   
TAX-ID Number (If Applicable)

BUSINESS NAME \_\_\_\_\_

PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_

ENTITY TYPE \_\_\_\_\_

START DATE \_\_\_\_\_

Accounting method:  Cash  Accrual  Other

Section 199A Service Business

INCOME	
Gross Income	
Other	
Other	
Discounts and Allowances	
Sales Tax Collected (Not included in Gross)	

Cost of Goods Sold	
Inventory at <u>start</u> of year	
Purchases for the year	
Less personal use	
Other Adjustments	
Inventory at <u>end</u> of year	

EXPENSES	
Wages (Officers)	
Wages (Employees)	
Employee Benefit Programs	
Advertising	
Bank Fees	
Computer and Internet	
Continuing Education	
Dues & Subscriptions	
Freight Charges	
Insurance (General Liability)	
Insurance (Health)	
Interest Expense	
Office Expenses	
Pension & profit-sharing	
Professional Fees	
Rent (Building)	
Rent (Equipment)	
Repairs & Maintenance	
Subcontracted Labor	
Supplies	
Taxes & Licenses	
Telephone & Internet	
Travel (Airfare and Lodging)	
Meals (In Town)	
Meals (Per Diem)	
Tools	
Uniforms	

Automobile Expense	
<input type="checkbox"/> Accountable (Entity) <input type="checkbox"/> Non-Accountable (Sch C / E)	
Business Miles:	
or	
Actual Costs:	
<i>Purchase/Lease</i>	
<i>Fuel</i>	
<i>Insurance (Auto)</i>	
<i>Repairs</i>	

Balance Sheet	
Beginning Bank Balance	
Ending Bank Balance	
Business Assets (Purchased or Disposed)	
Business Loans	
Property Distributions	

Home Office (Requires Regular & Exclusive use)			
Date started or stopped ____ / ____ / ____ Use Std. \$5/ft <input type="checkbox"/>			
Purchase price of home			
Improvements			
Square footage: Office: _____ Entire Home: _____			
Rent		Maintenance	
Utilities		Other	
Insurance		Other	