

# BUSINESS INCOME & EXPENSE SUMMARY

20

BUSINESS NAME			
BUSINESS OWNED BY	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse	<input type="checkbox"/> JOINT
EIN	BUSINESS ACTIVITY		

CANNABIS - STOP - We do not do returns with Cannabis Income.

*PLEASE COMPLETE THE BUSINESS QUESTIONNAIRE FOR THIS BUSINESS*

INCOME	COST OF GOODS SOLD
1099 INCOME None <input type="checkbox"/> Included in total [ ] \$	Refunds Paid To Customers
CASH None <input type="checkbox"/> Included in total [ ] \$	Purchases of items for Resale
BARTERING None <input type="checkbox"/> Included in total [ ] \$	Materials & Supplies
CRYPTO None <input type="checkbox"/> Included in total [ ] \$	Sub Contractors
TOTAL BUSINESS INCOME \$	Shipping & Freight
Sale of Business Assets [ ] Attach details	INVENTORY Beginning of Year
Sale of Business Use Vehicle [ ] Attach details	INVENTORY End of Year

EXPENSES	OTHER EXPENSES
AUTO Total Miles #	Bank Charges
AUTO Business Miles for Standard Rate #	Business Separate Land Line
AUTO Loan Interest	Cell Phone Total
Advertising	Cell Phone - Business Use % %
Contract Labor, Commissions	WAGES - bring 941's W2's & W3
Insurance - General Liability	Credit Card Merchant Fees
Insurance - Workers Comp	Dues & Memberships
Interest - Mortgage	Education & Training
Interest - Other	Equipment under \$500 each
Legal & Professional	Equipment Fuel
Office Expense	Gifts (Max \$25 /person/year)
Rent - Equipment	Internet and Web Site
Rent - Office, Storage, etc.	Library & Subscriptions
Repairs & Maintenance	Licenses & Permits
Supplies, Software	Parking & Tolls
Taxes	Postage & Delivery
Travel - Lodging, Airfare, Taxi	Security
Travel Meals - # of Days, TRUCKERS etc. #	Uniforms & Protective Gear
Travel Meals - # of Days, OTHER #	FAMILY HEALTH INSURANCE
Non Travel Meals From Restaurants	
Non Travel Meals NOT From Restaurants	
Utilities & Trash	

Repairs & Equipment	Purchase	Cost
Cost more than \$500 per item	Date	

ASSET SALES	Sale Date	Sale Price

OFFICE IN HOME	
Office _____ ft Home _____ ft Daycare _____ hrs	
USE SAFE HARBOR <input type="checkbox"/> (Stop here)	
Rent	
Mortgage Interest	
Real Estate Taxes	
Insurance	
Maintenance-Repairs	
Utilities	
Other	
HOME Date Pur	\$

