BUSINESS NAME: _____

TAX YEAR: _____

INCOME TOTAL FOR THE YEAR (JAN-DEC) AND/OR FROM 4 QUARTER SALES TAX FILINGS:

_____

(THIS INCLUDES DEC-FEB, MAR-MAY, JUNE-AUG, SEPT-NOV)

EXPENSES:

BUSINESS INSURANCE: _____

BUILDING/OFFICE/STORE INSURANCE: _____

MORTGAGE INTEREST (for office and/or Business use of home:

_____

PROPERTY TAXES FOR OFFICE/BUSINESS BUILDING:

_____

SQ FT*: _____

*(IF INSURANCE, TAXES, AND MORTGAGE COVERS HOME AND OFFICE/STORE PLEASE GIVE SQUARE FOOTAGE OF THE ENTIRE BUILDING PREMISES AND THEN JUST THE OFFICE SPACE/STORE)

LEGAL AND PROFESSIONAL SERVICES: _____

REPAIRS AND MAINTENANCE ON OFFICE/STORE/PROPERTY (IF HOME OFFICE PLEASE SEPARATELY SPECIFY THE AMOUNTS THAT ARE JUST 100% FOR OFFICE/STORE):

_____

_____

_____

_____

BUSINESS CAPITAL IMPROVEMENTS (INCLUDING PURCHASE DATE, AMOUNTS AND DATE PLACED IN SERVICE, WITH A BRIEF DESCRIPTION):

_____

_____

_____

_____

WAGES PAID (PLEASE PROVIDE END OF YEAR W3/W2, OR 1096/1099'S ISSUED ALSO):

_____

PAYROLL EXPENSES: _____ (please include all applicable 1099's issued, if not issued please include proof of payment, full year payroll report if W2, Form 941's for 4 quarters if filed, as well as state side)

TELEPHONE EXPENSES WITH BUSINESS USE %

_____

ELECTRIC/CABLE/INTERNET/HEAT(UTILITIES):

ELEC_____

CABLE/INTERNET_____

HEAT _____

TRASH REMOVAL: _____

SECURITY SYSTEM FEE'S: _____

ATM/BANK FEE'S: _____

CREDIT CARD FEE'S: _____

ADVERTISING: _____

RENT/LEASE OF EQUIPMENT OR OFFICE SPACE (PLEASE SPECIFY):

_____

_____

_____

COST OF GOODS SOLD (WHICH INCLUDES PARTS/MATERIALS SOLD WITH THE JOB AND/OR GOODS/FOOD/SUPPLIES PURCHASED FOR RESALE):

_____

REGULAR BUSINESS SUPPLIES NOT PURCHASED FOR RESALE:

_____

_____

TRAVEL AND MEALS (PLEASE LIST EACH SEPARATELY):

TRAVEL: _____

MEALS:

For business_____

For Employees/Out of Town_____

EQUIPMENT USED IN THE BUSINESS AND GROUNDS KEEPING

(DATE OF PURCHASE, AMOUNT AND DESCRIPTION NEEDED):_____
_____
_____
_____

BUSINESS MILEAGE: _____

MISC. BUSINESS EXPENSE NOT CLASSIFIED ABOVE:
_____

(PLEASE PROVIDE A BRIEF DESCRIPTION BELOW)

_____
_____

_____
_____

I HAVE GIVEN THE INCOME AND EXPENSE TOTALS TO THE BEST OF MY RECORDS, KNOWLEDGE, AND ABILITY.

Responsible Persons Name: _____

Responsible Persons Signature: _____