



Tax Year 20 _____

Taxpayer Name: _____
DBA: _____
EIN# _____
Business Address: _____
Type of Business: _____

Comments: _____

Income	Amount	Expenses Continued	Amount
Gross Receipts or Sales:	\$	Rent or Lease on other business property	\$
1099	\$	Repairs and maintenance	\$
		Supplies and Tools	\$
Cost of Goods Sold	\$	Taxes and licenses	\$
		Travel meals and entertainment	\$
Expenses	\$	Utilities	\$
Advertising	\$	Other: _____	\$
Commissions and fees	\$	Other: _____	\$
Contract labor	\$	Other: _____	\$
Insurance, other than health	\$	Other: _____	\$
Legal/Professional services	\$	Other: _____	\$
Office expense	\$	Other: _____	\$
Rent or Lease for vehicle, machinery, and equipment	\$	Other: _____	\$
Rent or Lease on other business property	\$	Annual business mileage:	

What records do you have of the income received? _____
 What records do you have of the expenses? _____
 How were expenses and income calculated? _____

Taxpayer Signature: _____ **Date:** _____