



BUSINESS & PROFESSIONAL INCOME AND EXPENSES

Client Name _____ ID # _____

Name of Business _____ Tax Year _____

REVENUES (GROSS INCOME): _____

Expenses:

- | | | | |
|-------------------------------|-------|-----------------------------------|-------|
| Advertising | _____ | Rent or Lease: | |
| Cell Phone | _____ | - Vehicles | _____ |
| Client Gifts | _____ | - Other Bus. Property | _____ |
| Commissions & Fees | _____ | Repairs & Maintenance | _____ |
| Continuing Education | _____ | S/E Health Insurance | _____ |
| Contract Labor | _____ | Software | _____ |
| Insurance (other than health) | _____ | Taxes & Licenses | _____ |
| Interest | _____ | Travel | _____ |
| Legal Fees | _____ | (Business lodging, air fare, etc) | |
| Meals & Entertainment | _____ | Utilities | _____ |
| Postage/Delivery | _____ | Wages | _____ |
| Professional Fees | _____ | Other | _____ |
| Office Supplies | _____ | | _____ |

Cost of Goods Sold:

- | | |
|---|-------|
| Inventory at beginning of year | _____ |
| Purchases less cost of items withdrawn for personal use | _____ |
| Materials and supplies | _____ |
| Manufacturing Labor | _____ |
| Inventory at end of year | _____ |

Equipment Purchases:

Date	Description	Cost