We need the following information about your business. When finished please email to taxpro@sbataxes.com. Please save a copy of this form for your records. Thank You. Business Name: ______ Tax Year: _____ Your Name: _____ Email: _____ Telephone Number: _____ Fax Number: _____ INCOME AND/OR SALES Interest Earned \$ Income \$ Other Income (Please explain) EXPENSES AND COST OF GOODS SOLD (Do Not Include Vehicles Expenses) Materials \$ Supplies \$ Final Inventory \$ Initial Inventory \$ Wages \$ Contract Labor \$ Payroll Taxes \$ Other Taxes \$ Commissions Paid\$ Employee Benefits \$ Liability Insurance \$ Health Insurance \$ Other Insurance \$ Workman's Comp. Ins' \$ Postage & Shipping \$ Other Interest \$ Legal Fees \$ Accounting Fees \$ Office Supplies \$ Licenses \$ Internet \$ Web Site \$ Bank Charges \$ Advertising \$ Credit Card Fees \$ Tools \$ Bank Charges \$ Rent \$ Repairs \$ Security \$ Travel \$ Meals & Entertainment \$ Cellular \$ Telephone \$ Miscellaneous \$ Utilities \$ Other Expenses: (Please explain)

AUTO AND TR	UCK EXPEN	SES
Date placed in service:		Business Miles:
Personal Miles:		Tolls and Parking \$
Gas, Oil etc \$		Repairs \$
Insurance \$		Depreciation \$
Other Auto Expens	ses:	
OFFICE IN H	OME	
Total square feet of	Home:	
Square feet of Home	e exclusively for	Business:
Mortgage Interest \$		Property Taxes \$
Insurance \$		Rent \$
Repairs/ Maintenance \$		Water \$
Gas \$		Electricity \$
Garbage \$		Home Owners Fees \$
Other Office in Home (Please explain)	e Expenses:	
EQUIPMENT -	FURNITURI	E - COMPUTERS - AUTOS - ETC
Date of Purchase	Amount	Description
	\$	
	\$	
	\$	
	\$	
	\$	

Comments: