

We need the following information about your business. When finished please click on the submit button and we will get it via email. 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	
Income \$	Interest Earned \$
Other Income (Please explain)	
EXPENSES AND COST OF GOODS SOLD (Do Not Include Vehicles Expenses)	
Materials \$	Supplies \$
Initial Inventory \$	Final Inventory \$
Wages \$	Contract Labor \$
Payroll Taxes \$	Other Taxes \$
Commissions \$	Employee Benefits \$
Liability Insurance \$	Health Insurance \$
Workman's Comp. Ins' \$	Other Insurance \$
Mortgage Interest \$	Other Interest \$
Legal Fees \$	Accounting Fees \$
Office Supplies \$	Licenses \$
Internet \$	Web Site \$
Advertising \$	Bank Charges \$
Credit Card Fees \$	Tools \$
Rent \$	Lease \$
Repairs \$	Security \$
Travel \$	Meals & Entertainment \$
Cellular \$	Telephone \$
Utilities \$	Miscellaneous \$
Other Expenses: (Please explain)	

AUTO AND TRUCK EXPENSES

Date placed in service:	Business Miles:
Personal Miles:	Tolls and Parking \$
Gas, Oil etc \$	Repairs \$
Insurance \$	Depreciation \$
Other Auto Expenses: (Please explain)	

OFFICE IN HOME

Total square feet of Home:	
Square feet of Home exclusively for Business:	
Mortgage Interest \$	Property Taxes \$
Insurance \$	Rent \$
Repairs/ Maintenance \$	Water \$
Gas \$	Electricity \$
Garbage \$	Home Owners Fees \$
Other Office in Home Expenses: (Please explain)	

EQUIPMENT - FURNITURE - COMPUTERS - AUTOS - ETC

Date of Purchase	Amount	Description
	\$	
	\$	
	\$	
	\$	
	\$	

Comments: