

Fill out one sheet for each business - do not combine businesses

Business Information

Business Name			Business Activity			
Fed ID (EIN number)			Business Owner	○ Taxpayer	○ Spouse	○ Joint
Income Check if similar to	o loot voor					
Gross receipts (including	1099-misc forn	ns for this business	5)			
Cost of Goods Sold (if	you keep inv	entory or build a _l	product) Check if sim	ilar to last year		
Purchases			Materials & Supplies			
Cost of Labor			Ending Inventory			
Expenses Check if simil	ar to last year	If the business b	ought new equipment or veh	iolog over \$5 000) (par itam) pla	and list congrately
	ar to last year	ii tile busilless bi		icies over \$5,000	(per item) pie	ase list separately
Advertising & Promotions			Taxes & License			
Business / Total Miles Driven		1	Travel			
Interest on Car Payments			Meals			
Parking & Tolls			Phone & Internet			
Commissions & Fees			Bank and Merchant Fees			
Sub-Contractors			Dues & Subscriptions			
Insurance (Other than Health)			Training & Continued Education			
Interest			Computers & Software			
Legal, Professional & Accounting			Home Office / Total Home (sq ft))	1
Office Expenses			Utilities			
Equipment Rent			Health Insurance Pre	mium		
Business Rent (Office Spa	ace, etc)					
Repairs & Maintenance	÷ · · · · · · · · · · · · · · · · · · ·					
Supplies						