We need the following information about your business. When finished please email, fax or mail these pages.
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: