

Name _____

Year _____

BUSINESS EXPENSES

Accounting.....	\$ _____	Printing.....	\$ _____
Advertising.....	\$ _____	Rent - Vehicles, Equip.....	\$ _____
Bad Debts.....	\$ _____	Rent - Other.....	\$ _____
Bank charges.....	\$ _____	Repairs & Maintenance.....	\$ _____
Commissions.....	\$ _____	<i>provide detailed list of all repairs over \$500</i>	
Contract Labor.....	\$ _____	Security.....	\$ _____
Delivery and Freight.....	\$ _____	Supplies.....	\$ _____
Dues and Subscriptions.....	\$ _____	<i>provide detailed list of all supplies over \$200</i>	
Employee Benefits.....	\$ _____	Taxes - real estate.....	\$ _____
Insurance - Liability.....	\$ _____	Taxes - payroll.....	\$ _____
Insurance - Employee Health.....	\$ _____	Taxes - sales tax.....	\$ _____
Insurance - Other.....	\$ _____	included in gross receipts	
Interest - Mortgage.....	\$ _____	Taxes - not entered elsewhere....	\$ _____
Interest - Credit Card.....	\$ _____	Telephone.....	\$ _____
Interest - Other.....	\$ _____	Cellphone.....	\$ _____
Janitorial.....	\$ _____	Internet.....	\$ _____
Laundry and Cleaning.....	\$ _____	Tools.....	\$ _____
Legal and Professional.....	\$ _____	Travel - not entered elsewhere...	\$ _____
Licenses/Permits - other than auto...	\$ _____	Meals.....	\$ _____
Office Expense.....	\$ _____	Uniforms.....	\$ _____
Outside Services.....	\$ _____	Utilities.....	\$ _____
Parking and Tolls.....	\$ _____	Wages.....	\$ _____
Pension and Profit Sharing.....	\$ _____	Workers Comp.....	\$ _____
Postage.....	\$ _____	Customer Refunds.....	\$ _____
		Other _____	\$ _____
		Other _____	\$ _____
		Other _____	\$ _____

VEHICLE EXPENSES

	Vehicle #1	Vehicle #2	Vehicle #3
Description	_____	_____	_____
Repairs	\$ _____	\$ _____	\$ _____
Gas & Oil	\$ _____	\$ _____	\$ _____
Insurance	\$ _____	\$ _____	\$ _____
License	\$ _____	\$ _____	\$ _____
Interest	\$ _____	\$ _____	\$ _____
Total Miles This Year	_____	_____	_____
Business Miles This Year	_____	_____	_____

Name _____

Year _____

BUSINESS INCOME

Gross Income..... \$ _____

Refunds..... \$ _____

Insurance Reimbursements..... \$ _____

Commission..... \$ _____

Other _____ \$ _____

Other _____ \$ _____

INVENTORY (if applicable)

Inventory - beginning of year... \$ _____

Purchases for Resale..... \$ _____

Inventory - end of year..... \$ _____

EQUIPMENT SOLD:

	ITEMS	DATE SOLD	SALE PRICE	DATE ACQUIRED	PURCHASE PRICE
1)	_____	_____	\$ _____	_____	\$ _____
2)	_____	_____	\$ _____	_____	\$ _____
3)	_____	_____	\$ _____	_____	\$ _____
4)	_____	_____	\$ _____	_____	\$ _____
5)	_____	_____	\$ _____	_____	\$ _____

EQUIPMENT & VEHICLE PURCHASES

	ITEMS	DATE	COST/BOOT	NEW/ USED	ITEM TRADED IN
1)	_____	_____	\$ _____	_____	_____
2)	_____	_____	\$ _____	_____	_____
3)	_____	_____	\$ _____	_____	_____
4)	_____	_____	\$ _____	_____	_____
5)	_____	_____	\$ _____	_____	_____
6)	_____	_____	\$ _____	_____	_____