

West Suburban Business Solutions, Inc.

Individual Name: _____

Office Expense Summary for Tax Year _____

Business Name: _____

Indirect Expenses	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
Mortgage Interest													
Rent Payments													
Real Estate Taxes													
Property Insurance													
Water													
Gas													
Electric													
Garbage													
Other Utilities													
House-Supplies													
Lawn Care													
Snow Removal													
Assessments													
Association Dues													
General Repairs													
Total Indirect Exp.													