



PROFIT or LOSS FROM A BUSINESS – PAGE 1

Taxpayer Name: _____

Business Name: _____

Business Address: _____

Gross Receipts or Sales: _____

Returns/Refunds: _____

EXPENSES

Advertising _____

Rent (Office) _____

Auto Expenses See page 2

Rent (Other) _____

Commissions/Fees _____

Repairs _____

Contract Labor _____

Supplies _____

Employee Benefits _____

Taxes and Licenses _____

Insurance (Business) _____

Travel _____

Insurance (Health) _____

Utilities (non-home office) _____

Interest _____

Wages _____

Legal/Professional _____

Business Portion of Cell Phone _____

Meals _____

Other (List) _____

Office Expenses _____

Pension / SEP _____

Large Expenditures: See page 2



PROFIT or LOSS FROM A BUSINESS – PAGE 2

AUTO EXPENSES

Description of Vehicle _____ Date Placed in Service _____

Vehicle Available Off-Duty Hours? Yes No

Do You Have Another Vehicle? Yes No

Do you Have Written Evidence? Yes No

Please only include miles that are **business related**. Driving to and from the same job site is generally not considered business mileage. Those are considered commuting miles.

Business Miles 1/1/22 – 6/30/22: _____

Commuting Miles: _____ Other Miles: _____

Business Miles 7/1/22-12/31/22: _____

Vehicle Expenses :

Garage Rent _____	License _____	Tolls _____
Gas _____	Parking _____	Other (List) _____
Insurance _____	Rental _____	_____
Interest _____	Repairs _____	_____

HOME OFFICE EXPENSES

Total Square Footage of Home _____ Square Footage Exclusive to Office _____

Item	Amount	Item	Amount	Other	Amount
Insurance		Taxes			
Interest		Utilities			
Rent		Internet			
Repairs/Maintenance		HOA			

LARGE EXPENDITURES – Did you purchase any “big ticket items” like computers, machinery, equipment? Do not list on page 1. Provide details below on purchase price, date of purchase and description of item(s).

Provide additional pages for more items