

## **PROFIT or LOSS FROM A BUSINESS – PAGE 1**

Taxpayer Name:							
Business Name:							
Business Address:							
Gross Receipts or Sales:		Returns/Refunds:					
<b>EXPENSES</b>							
Advertising		Rent (Other)					
Auto Expenses	See page 2	Repairs					
Commissions/Fees		Supplies					
Contract Labor		Taxes and Licenses					
Employee Benefits		Travel					
Insurance (Business)		Meals					
Insurance (Health)		Utilities (non-home office)					
Interest		Wages					
Legal/Professional		Business Portion of Cell Phone					
Office Expenses		Other (List)					
Pension / SEP							
Rent (Office)							
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 N	0	Do You Have Another Veh	icle? Yes No					
Do you Have Written Evidence? Yes No								
Please only include miles that are <b>business-related</b> . Driving to and from the same job site is generally not considered business mileage. Those are considered commuting miles.								
Business Miles:	Com	muting Miles:	Other Miles:					
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		НОА			

**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).