NAME _____

TAX YEAR 2017

Please electronically fill in fields, then print and bring to your appointment

SMALL BUSINESS SCHEDULE	AMOUNT	NOTES
SALES	$	
OTHER INCOME (EXPLAIN)	$	
PURCHASES FOR RESALE	$	
ENDING INVENTORY VALUE	$	
EXPENSES:		
ADVERTISING	$	
COMMISSIONS & FEES PAID	$	
INSURANCE	$	
INTEREST PAID -MORTGAGE	$	
OTHER	$	
LEGAL & PROFESSIONAL FEES	$	
OFFICE EXPENSE - SUPPLIES	$	
EQUIPMENT RENTALS	$	
OFFICE / WAREHOUSE RENT	$	
REPAIRS & MAINTENANCE	$	
OPERATING SUPPLIES	$	
TAXES, LICENSES, PERMITS	$	
LODGING, AIRFARE, CAR RENTAL, ETC.	$	
UTILITIES	$	
LABOR - SALARIES & WAGES	$	
OTHER:		
	$	
	$	
	$	
	$	
	$	
	$	
	$	

	ACTUAL METHOD	OPTIONAL METHOD
VEHICLE USE:		
TOTAL MILES	MILES	MILES
BUSINESS MILES	MILES	MILES
EXPENSES	$	XXXXXXXXXXXXX
MEALS & ENTERTAINMENT:		
IN TOWN MEALS & ENTERTAINMENT	$	$
# OF NIGHTS OUT OF TOWN	XXXXXXXXXXXXXXX	
OUT OF TOWN MEALS & ENTERTAINMENT	$	XXXXXXXXXXXXX