

NAME _____

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

TAX YEAR _____

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	\$	XXXXXXXXXXXXXXXXXX	
MEALS & ENTERTAINMENT:			
IN TOWN MEALS & ENTERTAINMENT	\$	\$	
# OF NIGHTS OUT OF TOWN		XXXXXXXXXXXXXXXXXX	
OUT OF TOWN MEALS & ENTERTAINMENT	\$	XXXXXXXXXXXXXXXXXX	