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PROFESSIONAL TAX SERVICE

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Business or Professional Expenses
Profit & Loss Worksheet
(Omit Cents)

Name of Business: _____		Gross Income (provide any 1099's)	$
Address: _____		Principal Business Activity: _____	
City_____ State_____ Zip _____		Product or Service: _____	

Costs of Goods Sold			
Beginning Inventory	$	Materials & Supplies	$
Purchases	$	Other Costs	$
Labor	$	Ending Inventory	$

Expenses				
Accounting	$	Overnight Expenses		$
Advertising	$	Parking		$
Answering Service	$	Postage		$
Bank Charges	$	Rent – Business Property		$
Business Mileage		Rent – Vehicle/Mach./Equipment		$
Cash Shortages	$	Repairs		$
Cell Phone	$	Salaries & Wages		$
Collection Expenses	$	Security & Safety		$
Commissions	$	Storage		$
Dues & Publications	$	Supplies		$
Education Expense	$	Tax – Business Property		$
Employee Benefits	$	Tax – Payroll		$
Equipment Rental	$	Tax – Sales		$
Freight	$	Telephone		$
Insurance: List Type _____	$	Tools		$
Interest – Mortgage	$	Uniforms		$
Interest – Other	$	Utilities		$
Internet	$	Other:		$
Janitorial Services	$			$
Laundry/Cleaning	$			$
Legal/Professional Fees	$			$
Licenses & Permits	$	Depreciable Items: Such as Equipment, Furniture, Computer, etc.		
Maintenance	$	Provide list with cost and date purchased.		
Meals	$	Item: _____	Date: _____	$
Miscellaneous	$	Item: _____	Date: _____	$
Office Supplies		Item: _____	Date: _____	$

Business Use of Home			
Total Area of Home	Sq/Ft	Rent Paid for Year	$
Area Used Exclusively for Business	Sq/Ft	Repairs & Maintenance	$
Improvement to Home Office	$	Utilities	$
Insurance – Homeowners/Renters	$	Other Specify: _____	$
Mortgage Interest	$	Other Specify: _____	$
Real Estate Taxes	$	Other Specify: _____	$

Vehicle Expenses		
Year, Make, & Model of Vehicle:	Total Mileage	
Date First Used for Business:	Business Mileage	
Type of Vehicle: Car, Van, Truck:	Commuting Mileage	
	Personal Mileage	