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/DSL	$	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 & Entertainment	$	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	