

## BUSINESS INCOME CHECKLIST

<b>BUSINESS NAME:</b>	<b>EIN #:</b> _____ - _____
Gross Receipts/Sales: \$	Inventory at Year-End: \$
Materials Purchased: \$	Other Income: \$
Equipment Sold: Date Description	Price: \$
Equipment Purchased: Date Description:	Price: \$

BUSINESS DEDUCTIONS	
Advertising	Bad Debts
Business Insurance (excl health) \$	Commissions Paid
Interest Paid	Legal Fees
Meals/Entertainment	Office Expense
Repairs/Maintenance	Supplies
Taxes/Licenses	Travel Expenses (list)
Utilities	Wages Paid/Contract Labor
<b><i>RENT</i></b>	
Equipment	Office
<b><i>OTHER EXPENSES</i></b>	
Bank Charges	Education/Seminars
Membership Fees	Payroll Taxes
Postage/Delivery	Telephone
Tools	Uniforms
<b><i>OFFICE IN HOME EXPENSES</i></b>	
Home total sq ft	Business space sq ft
Cost or rent	Insurance
Utilities	Other (list)

### BUSINESS VEHICLE EXPENSE

Vehicle #	1	2	3
Make/Year/Model			
# Months in Use			
Total Mileage for Year			
Business Miles for Year			
Gasoline/Oil			
License(s)/Tax(es)			
Insurance			
Other			

#### Self-Employed Health Insurance Premium (total for year):

List Additional Expenses and Questions for your Tax Preparer on Reverse