

TAXPAYER'S NAME

PLEASE ATTACH THE FOLLWING – AUTOMOBILE PURCHASE/SALE DOCUMENTS, BUSINESS LICENSE, TAXI PERMIT, STATEMENT OF INCOME / EXPENSES FROM CAB COMPANY IF ONE WAS PROVIDED, 1099 FORMS INDICATING INCOME FROM MERCHANT SERVICE PROVIDERS, AND ANY OTHER IMPORTANT TAX DOCUMENTS

\$ _____

GROSS INCOME

\$ _____ INCOME DIRECTLY FROM CAB COMPANY _____

\$ _____ INCOME GENERATED FROM CREDIT CARD / MERCHANT PROVIDERS

\$ _____ CASH AND TIPS INCOME

\$ _____

KITTY / DRIVER LEASE AGREEMENT

\$ _____

GATE FEE

\$ _____

CITY OF PORTLAND BUSINESS LICENSE FEE

\$ _____

BUSINESS REGISTRATION

\$ _____

TAXI PERMIT

\$ _____

MEDICAL EXAM/DRUG TESTS

\$ _____

TRAINING / CPR CLASSES

VEHICLE INFORMATION

YEAR/BRAND OF THE VEHICLE (IF YOU SOLD / PURCHASED VEHICLE DURING THE YEAR, ATTACH BILL OF SALE, PROOF OF PAYMENT AND / OR REGISTRATION)

\$ _____

PURCHASED PRICE OF THE VEHICLE

\$ _____

IMPROVEMENTS BEFORE VEHICLE WAS PLACED IN SERVICE

DATE VEHICLE WAS PLACED IN SERVICE

PURCHASE DATE

BUSINESS MILES DRIVEN DURING THE YEAR

COMMUTING MILES

PERSONAL MILES

TOTAL MILES VEHICLE DRIVEN SINCE PURCHASE DATE

MILES DRIVEN BY SECOND DRIVER/OWNER OF THE VEHILCE

\$ _____

GAS

\$ _____

OIL CHANGE

\$ _____

SMALL REPAIRS AND MAINTENANCE

\$ _____

PARTS

DATE	DESCRIPTION	AMOUNT PAID
		\$
		\$
		\$

\$ _____

VEHICLE INSURANCE

\$ _____

CARWASH

\$ _____

INSPECTION

\$ _____

PARKING

\$ _____

TOWING

\$ _____

VACUUM

\$ _____

SUPPLIES (TOWELS, RUGS, ARMAROLE, FRESHENERS, CLEANERS)

\$ _____

PAPER/MAGAZINE SUBSCRIPTION

\$ _____

MERCHANT/CREDIT CARD FEE

\$ _____
 \$ _____
 \$ _____
 \$ _____

BUSINESS BANK FEES / BUSINESS CHECKS
 LEGAL / PROFESSIONAL FEES
 OFFICE SUPPLIES
 OFFICE EQUIPMENT (COMPUTER, DESK, LAPTOP, FAX, ELECTRONICS, ACCESSORIES)

DATE	DESCRIPTION	AMOUNT PAID
		\$
		\$
		\$

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

VEHICLE LEASE
 PARKING / GARAGE
 CELLULAR SERVICES _____% USED FOR BUSINESS
 INTERNET
 POSTAL / FEDEX
 TOOLS

OFFICE AT HOME EXPENSES

SQ. FT. OF THE AREA EXCLUSIVELY USED FOR BUSINESS
 SQ.FT. OF TOTAL AREA
 PAYMENT FOR RENT
 (ENCLOSE FORM 1098 FROM THE BANK IF YOU OWN YOUR OWN HOME AND PROVIDE INFORMATION ON PROPERTY TAXES PAID AND ASSOCIATION DUES IF ANY)

\$ _____
 \$ _____

OFFICE REPAIRS / MAINTENANCE
 UTILITIES
 \$ _____ ELECTRIC
 \$ _____ WATER
 \$ _____ GAS
 \$ _____ WASTE / SEWER
 \$ _____ SECURITY ALARM

To the best of my knowledge the information enclosed in this Profit and Loss Statement is correct and includes all income, deductions, and other information necessary for the preparation of my Business Tax Schedule for which I have adequate records.

_____ Taxpayer _____ Date

COMMENTS
