

PROFIT AND LOSS STATEMENT FROM BUSINESS _____ TAX YEAR

FIRST LAST NAME OF THE OWNER _____

NAME OF THE BUSINESS _____ TRADE _____

ADDRESS _____ PHONE _____ EMAIL _____

ATTACH THE FOLLOWING DOCUMENTS

- 1. STATE BUSINESS REGISTRATION
- 2. FEDERAL ID NUMBER IF ONE OBTAINED FROM THE IRS
- 3. BUSINESS BANK STATEMENTS FOR 12 MONTH (JANUARY - DECEMBER)
- 4. ATTACH DOCUMENTS SUPPORTING PURCHASE/SALE OF BUSINESS, VEHICLE, EQUIPMENT AND LARGE ITEMS
- 5. FILL OUT STATEMENT BELOW

YES / NO DID YOU HIRE ANY CONTRACTORS WHOM YOU PAID \$600 OR MORE?

YES / NO DID YOU ISSUE 1099-MISC FORMS OR WILL YOU ISSUE THESE FORMS?

\$ _____ **GROSS INCOME** (INCLUDING CASH, CHECKS, TIPS, BARTER AND CREDIT CARD PAYMENTS RECEIVED)
TIP: YOUR INCOME MUST MATCH INCOME FROM ALL YOUR BUSINESS RECORDS: INVOICES, WORK ORDERS, BANK/CASH DEPOSITS, AND ANY OTHER DOCUMENTS RELATING TO YOUR BUSINESS, AS WELL AS BUSINESS INFORMATION PROVIDED TO OTHER ORGANIZATIONS, SUCH AS OBTAINING LOANS, SCHOLARSHIPS, INSURANCE AND ANY GOVERNMENT ASSISTANCE!

\$ _____ RETURNS / DISCOUNTS

INVENTORY / COST OF GOODS SOLD
\$ _____ BEGINING INVENTORY (NOT DEDUCTED IN PREVIOUS YEAR)

\$ _____ NEW PURCHASES

\$ _____ UNSOLD INVENTORY AT THE END OF THE YEAR

\$ _____ SHIPPING / DELIVERY

\$ _____ EMPLOYEES WAGES (ATTACH PAYROLL REPORTS SUCH AS W3/W2/941/940 FORMS)

\$ _____ CONTRACT LABOR (ATTACH COPIES OF 1099-MISC FORMS IF ALREADY ISSUED)

\$ _____ MATERIAL

\$ _____ GENERAL SUPPLIES

\$ _____ MISCELLANEOUS (_____)

\$ _____ ADVERTIZING

\$ _____ BROKER FEES / COMMISSION PAID

\$ _____ BUSINESS INSURANCE

\$ _____ BOND

\$ _____ WORKMANS COMPENSATION INSURANCE

\$ _____ UNEMPLOYMENT INSURANCE

\$ _____ MARKETING / WEB FEES

\$ _____ LICENSE / REGISTRATION RENEWAL

\$ _____ TAXES PAID (STATE, LOCAL, FEDERAL)

\$ _____ MORTGAGE INTEREST ON BUSINESS LOANS

\$ _____ BUSINESS BANK FEES / BUSINESS CHECKS

\$ _____ COMPUTER SOFTWARE

\$ _____ LEGAL FEES

\$ _____ PROFESSIONAL / ACCOUNTING FEES

\$ _____ OFFICE SUPPLIES

\$ _____ EQUIPMENT (COMPUTER, DESK, FAX MACHINE, NEW PHONE, LARGE TOOLS AND EQUIPMENT ETC)

DATE OF PURCHASE	DESCRIPTION	COST \$\$\$

\$ _____ VEHICLE LEASE

\$ _____ BUILDING LEASE

\$ _____ BUILDING MAINTENANCE AND REPAIR

\$ _____ UTILITIES PAID FOR LEASED BUILDING

\$ _____ ELECTRIC \$ _____ WATER \$ _____ GAS
 \$ _____ SEWER / WASTE \$ _____ ASSOCIATION \$ _____ ALARM

\$ _____ TRAVEL EXPENSES (AIRLINE / TAXI / HOTELS)

\$ _____ BUSINESS MEALS (If you are traveling overnight you may deduct \$46 per night per diem rates or look by location at <http://www.gsa.gov> . You must keep prove of actual travel destination, dates and business purpose. Or you may calculate your actual receipts

LOCATION OF TRAVE	PER DIEM RATES http://www.gsa.gov	DAYS OF TRAVEL	DID YOU RECEIVE REIMBURSEMENT YES/NO

\$ _____ CELLULARE SERVICES (_____ BUSINESS % USE)

\$ _____ OFFICE PHONE

\$ _____ INTERNET

\$ _____ MERCHANT/CREDIT CARD FEE

\$ _____ EDUCATION / CLASSES

\$ _____ CONFERENCES / MEETINGS

\$ _____ GIFTS (gifts are limited to \$25 per client per year and require receipts)

\$ _____ PROMOTIONAL MATERIAL / SUPPLIES (such as items with company logos, calendars, etc)

\$ _____ POSTAGE / PO BOX

\$ _____ SPECIAL CLOTHES SUCH AS UNIFORM / BOOTS / COVERALLS / PROTECTIVE GEAR

\$ _____ TOOLS OF THE TRADE

\$ _____ TOOLS / EQUIPMENT RENTAL

\$ _____ CASUALTY / THEFT / VANDALISM (ATTACH INSURANCE CLAIMS, POLICE REPORTS AND INFORMATION, SUCH AS DATES OF EVENT, YOUR COST AND INSURANCE REIMBURSEMENTS)

\$ _____ PROFESSIONAL FEES / SUBSCRIPTION

\$ _____ PROFESSIONAL DUES

\$ _____ _____

\$ _____ _____

\$ _____ _____

