

**Business Income & Expenses
(Sole Proprietorship)**



Avery Accounting
JACKSONVILLE TAX SPECIALIST

Business name: _____

Principle business or profession: _____

Employer ID number/SS: _____

Business address: _____

Business is owned by: Taxpayer / Spouse

Accounting Method: Cash / Accrual

Did you materially participate in the business?

Check if this is the first year of the business. _____

Yes No

Inventory method: Cost / Lower cost or market / Other / N/A

Income	Amount
1. Gross receipts or sales	
2. Returns and allowances.	
3. Other income.	

Cost of Good Sold	Amount
1. Beginning of year inventory	
2. Purchases	
3. Cost of items used personally	
4. Cost of labor	
5. Materials and supplies	
6. Other costs	
7. End of year inventory	

Expenses	Amount
1. Advertising	
2. Bad debts	
3. Commissions and fees	
4. Employee benefits	
5. Health insurance	
6. Other insurance	
7. Mortgage interest	
8. Other interest	
9. Legal and accounting fees	
10. Tax preparation fees	
11. Office expense	
12. Pension and profit sharing plans	
13. Rent, vehicles	
14. Rent, equipment	
15. Rent, building	
16. Repairs & maintenance, building	
17. Repairs & maintenance, equipment	
18. Repairs & maintenance, vehicles	
19. Supplies	

Expenses	Amount
21. Other taxes	
22. Licenses	
23. Travel	
24. Meals and entertainment	
25. Utilities	
26. Wages	
27. Management fees	
28. Consulting expenses	
29. Payroll service	
30. Employee vehicle expense	
31. Employee mileage reimbursemen	
32. Client gifts (limited to \$25 each)	
33. Education and seminars	
34. Phone	
35. Internet	
36. Other: (Description)	
37.	

I certify that all the above information given to the tax preparer to complete my tax return is true and accurate to the best of my knowledge

Signature:

Date: