

SCHEDULE OF INCOME FROM BUSINESS OR PROFESSION

Year _____

Name:	Social Security or Identification No.
Business Name:	
Address:	Business Code:
Business Activity:	Product: E.I.#:

Gross receipts or sales		
Less: Returns and allowances	()	
Net Sales		
Less: Cost of Goods Sold and/or Operations		
Inventory at beginning of year		
Purchases		
Cost of items withdrawn for personal use	()	
Balance		
Cost of labor		
Materials and supplies		
Other costs (attach schedule)		
Balance		
Inventory at end of year	()	
Cost of goods sold		
Gross Profit		
Other Income		
Total Income		

Operating Expenses:

1 Advertising		23 a Wages	
2 Car and truck expenses (need org.)		b Job credit	
3 Commissions and Fees		c Subtract line 23b from 23a...	
4 Contract Labor		24 Other expenses (specify):	
5 Depletion		a Bank charges	
6 Depreciation		b Dues	
7 Employee benefit programs		c Freight	
8 Insurance (other than health)		d Subscriptions	
9 Interest-mortgage		e Bad Debt from Sales	
10 Interest-other		or services (accrual only)	
11 Legal and professional services		f	
12 Office supplies & postage		g	
13 Pension and profit-sharing plans		h	
14 Rent or Lease		i	
a) Machinery & Equipment		j	
b) Other Business Property		k	
15 Repairs and Maintenance		l	
16 Supplies		Self Employed Health Ins. Prem.	
17 Taxes and Licenses			
18 Travel		Total mileage for vehicle this year	
19 Meals		Total business mileage	
20 Entertainment		Total commuting mileage	
21 Telephone		Parking fees/tolls	
22 Utilities		(If more than 1 vehicle was used in this business, must have separate information on each vehicle.)	

SCHEDULE OF DEPRECIATION

TOTAL OPERATING EXPENSES NET INCOME (LOSS)

1. Kind of Property (if buildings state material of which constructed) Exclude land and other Nondepreciable property	2. Date Acquired	3. Cost or Other Basis	4. Land or Salvage Value	5. Adjusted Cost Basis	6. Depreciation allowed (or allowable) in other yrs.	7. Remaining Cost	8. Method	Rate (%) or Life (years)	10. Depreciation For This Year

OFFICE IN HOME EXPENSE

AVAILABLE TO:

- A) Day Care Providers
- B) Regional Sales Representatives without an established office.
- C) Sole Proprietors

	AMOUNT
PART A	
1. Area of home used for business	
2. Total area of home	
3. % used for business (divide line 1 by line 2)	
PART B	
4. Gross income from business use of home	
5. Real Estate taxes	
Mortgage interest	
Casualty losses	
6. Total	
7. Deduction Limitation (line 4 less line 6)	
8. Lights	
Heat	
Insurance	
Exterior painting	
Repairs	
Rent	
Water / Sewer	
Other	
Other	
Other	
Repairs to business portion only	
Painting & decorate to business portion only	
Other expenses for business portion only	

NOTES:

If any deductions are being claimed on this return for Travel, Entertainment, Automobile Expenses or any other listed property, (i.e. cellular phones, computers, etc.), taxpayer(s) acknowledge(s) that proper records are being maintained to substantiate these deductions.

X _____
(TAXPAYER'S SIGNATURE)