

## Profit or Loss from Business

**Business Name:** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_

**Business Type:** \_\_\_\_\_

**Income Sources/Totals:** (Are Form 1099's attached? \_\_\_\_\_)

\_\_\_\_\_

\_\_\_\_\_

**Expenses:**

Advertising
Mileage
Bank Fees
Contract Labor (1099s)
Equipment Rental or Purchases
Freight & Shipping costs
Insurance - Business Liability
Insurance - Health
Insurance - Workers Comp.
Interest – Mortgage, Loan
Legal & Professional
Miscellaneous (state details on back)
Office Supplies
Payroll (W2s)
Postage, Printing
Rent – Building
Repair & Maintenance
Supplies – Other
Taxes – Property, Sales, Other
Telephone, Cell
Travel (Hotel)
Meals
Utilities & Cable

**If you use your Home for Business purposes:**

Sq. footage of your home: \_\_\_\_\_ Area of Office: \_\_\_\_\_

By Signing below, I am certifying that the information provided to my Accountant was documented/gathered from actual receipts received from purchases made and income from services provided by my Company. We have only given the Accountant the totals for the year and we have retained the invoice copies for our records.

\_\_\_\_\_  
Owner/President