

NAME _____

SOCIAL SECURITY NO. _____ AND _____

(Husband) (Wife)

Email _____ Phone _____

INCOME

Gross Receipts	\$ _____	.....	\$ _____
Returns & Allowances	\$ _____	.....	\$ _____
Insurance Proceeds	\$ _____	.....	\$ _____
Other - Describe	\$ _____	.....	\$ _____
.....	\$ _____		\$ _____
.....	\$ _____		\$ _____

INTEREST RECEIVED. BRING 1099'S YOU HAVE RECEIVED

EXPENSES

Advertising.....	\$ _____	Other - identify	\$ _____
Vehicle upkeep - Fuel, Ins, license.....	\$ _____	.....	\$ _____
Custom hire (Machine work) .....	\$ _____	.....	\$ _____
Entertainment (Non Deductible).....	\$ _____	.....	\$ _____
Employee benefit programs .....	\$ _____	.....	\$ _____
Insurance .....	\$ _____	.....	\$ _____
Interest:	\$ _____	.....	\$ _____
a. Mortgage (paid banks etc.).....	\$ _____	.....	\$ _____
b. All other .....	\$ _____	.....	\$ _____
Legal & Professional Fees.....	\$ _____	.....	\$ _____
Meals (@ IRS Percentage).....	\$ _____	.....	\$ _____
Office supplies .....	\$ _____	.....	\$ _____
Rent or Lease:	\$ _____	.....	\$ _____
a. Machinery, equip., etc .....	\$ _____	.....	\$ _____
b. Other (land, etc) .....	\$ _____	.....	\$ _____
Real Estate Taxes .....	\$ _____	.....	\$ _____
Supplies.....	\$ _____	.....	\$ _____
Taxes & Licenses.....	\$ _____	.....	\$ _____
Travel.....	\$ _____	.....	\$ _____
Utilities .....	\$ _____	.....	\$ _____
Wages.....	\$ _____	.....	\$ _____
.....			\$ _____
Family Health Ins Coverage.....	\$ _____	.....	\$ _____
SEP Contributions (Owner Share Only)	\$ _____	.....	\$ _____
.....			\$ _____
		TOTAL	\$ _____

COST OF GOODS SOLD

Beginning Inventory	\$ _____	Materials & Supplies	\$ _____
Purchases	\$ _____	Freight	\$ _____
Cost of Labor	\$ _____	Ending Inventory	\$ _____