



# Business Income/Expenses (P&L)

Business Name:

TAX YEAR

**INCOME:**

Sales/Service Income \$ \_\_\_\_\_

**COST OF GOODS SOLD:**

Direct Materials / Re-sale Purchases \$ \_\_\_\_\_

Contract Labor (Non-Payroll) \$ \_\_\_\_\_

Value of Inventory (at cost) at Year End \$ \_\_\_\_\_

**EXPENSES:**

- Auto Expense → *See Mileage worksheet*
- Employee Wages/Payroll → *Please provide 941s/W2s*
- Self-Employed Home Office Expense → *See Self-Employed Home Office worksheet*

Advertising/Marketing \$ \_\_\_\_\_

Bank/Merchant Fees \$ \_\_\_\_\_

Business Telephone Line \$ \_\_\_\_\_

Computer (Hardware & Software) \$ \_\_\_\_\_

Dues & Subscriptions \$ \_\_\_\_\_

Insurance (General Liability/E&O/Professional Liability) \$ \_\_\_\_\_

Interest Expense \$ \_\_\_\_\_

Legal/Professional Fees \$ \_\_\_\_\_

Licenses & Permits \$ \_\_\_\_\_

Meals (Business Only) \$ \_\_\_\_\_

Office Expense \$ \_\_\_\_\_

Rent (office space/storage) \$ \_\_\_\_\_

Repairs/Maintenance \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Taxes (non-Payroll) - *explain type below* \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Utilities (office/warehouse) \$ \_\_\_\_\_

**Other Expenses:**

_____	_____
_____	_____
_____	_____

Owner's Health Insurance Expense (medical, dental, vision) \_\_\_\_\_

Did you issue any 1099s?    Yes    No    *If yes, upload a copy of each 1099 filed*

**Comments:**