

# Use this OR QB computer "cash basis" accounting P&L and Balance Sheet

Tax Year: \_\_\_\_\_

## SECTION A - BUSINESS

Business Name & Address: \_\_\_\_\_

Federal ID #(if any): \_\_\_\_\_

**Amount:**

**Income:** \_\_\_\_\_

**Costs of Goods Sold:(COGS)-** cost of the materials  
for product made or cost of the item resold \_\_\_\_\_

**Inventory cost-** Beginning of year(if any) \_\_\_\_\_

**Inventory cost-** End of year(if any) \_\_\_\_\_

**Gross Profit:** \_\_\_\_\_

**Assets:** MAJOR Purchases-FURNITURE, EQUIPMENT, VEHICLES over \$3,000

Item:	Date of Transaction:	Amount:
#1-	_____	_____
#2-	_____	_____
#3-	_____	_____
#4-	_____	_____

**Assets:** Sold, Traded or Disposed of this tax year

Item:	Date of Transaction:	Amount:
#1-	_____	_____
#2-	_____	_____
#3-	_____	_____
#4-	_____	_____

Expenses:	Amount:
Advertising	_____
Employee Benefits: health insurance	_____
Pension plan match for employees	_____
Subcontract Labor( Individuals or other businesses)	_____
***Did you issue 1099s?	
Owner coverage Health Insurance	_____
Insurance - Liability, Work Comp.(NOT auto)	_____
Interest Expense(business loans or credit cards)	_____
Legal fees	_____
Accounting/Bookkeeping	_____
Office Supplies (paper, software, pens)	_____
Equipment Rental	_____
Rental of property	_____
Repairs & Maintenance	_____

Supplies (not office) cleaning or other misc. items	_____
Payroll Taxes - employer portion- SS, Medicare, UI	_____
Business Real Estate Taxes	_____
Licenses, Permits and Fees	_____
Travel (plane, taxi, subway, rental car, hotel)	_____
Meals	_____
Business Utilities- propane, electric, NOT Telephone	_____
GROSS Wages- Employee ( <b>Attach FORM W-3</b> )	_____
Postage(can be in office supplies if not large amount)	_____
Professional Dev. (professional education, training)	_____
Parking and Tolls	_____
Dues and Subscriptions (magazines, memberships, etc)	_____
Bank Fees	_____
Telephone and Cell Phone	_____
Business Gifts (items purchased for customers)	_____
Uniforms and Cost to launder	_____
Waste Removal	_____
Internet	_____
Other: List out i.e. Small Tools, Fuel for equipment	_____
Item:	_____
	_____
	_____

<b>Total Expenses:</b>	0
<b>Net Profit:</b>	0

**Supplemental Business Expense Information - Please fill only if needed**

**SECTION B - OFFICE IN HOME**

**SECTION C - BUSINESS AUTO**

<b>ONLY if used in previous years tax</b>	<b>Amount:</b>		<b>Amount:</b>
Total footage:	_____	Gas	_____
Footage used for business:	_____	Insurance	_____
Mortgage Interest	_____	Repairs	_____
Real Estate Taxes	_____	Inspection	_____
Home Owners/Renters Insurance	_____	Registration	_____
Repairs & Maintenance	_____	Washes	_____
Utilities	_____	Auto Loan ( <b>Interest only</b> )	_____
Water & Sewer	_____	Mileage:	
Rent	_____	Business use percentage	%
		Total Miles driven	_____
		Business Miles driven	_____

Comments: \_\_\_\_\_

\_\_\_\_\_