

Profit or Loss from Business

Type of Business _____

Name of Proprietor: _____ **EIN:** _____
Business Name: _____ **Retirement Plan Cont.** \$ _____
Business Address: _____ **Health Insurance** \$ _____

Were you personally liable for all debts & borrowed assets related to this business during the tax year? _____

Gross Receipts and Sales _____
Cost of Goods Sold (B) _____
Gross Profit _____

Expenses:
 Advertising _____
 Auto & Truck Expense (C) _____
 Bank & Credit Card Fees _____
 Commissions _____
 Contract Labor _____
 Depreciation (calculated by BECO) _____
 Dues & Subscriptions _____
 Education (business related continuing ed.) _____
 Home Office (A) _____
 Insurance (not health, home, or auto) _____
 Interest (paid on business credit cards / debts) _____
 Internet: \$ _____ x bus. use % _____
 Legal & Professional _____
 Meals (business related at 100%) _____
 Office Supplies _____
 Postage & Shipping _____
 Rent (not home office) _____
 Repairs & Maint. (not home or auto) _____
 Salaries & Wages _____
 Software _____
 Supplies & Small Tools _____
 Taxes & Licenses _____
 Telephone: \$ _____ x bus. use % _____
 Travel & Lodging _____
 Website _____
 Other Expenses (D) _____
Total Expenses: _____

Net Income (Loss) _____

(A) Home Office: (needs to be a separate room used exclusively for this business)
 Square footage of office _____ = _____
 Square footage of home _____ (Applicable %)
 Check if not used at least 15 days every month of year?
 Expenses: Mortgage int. / Rent _____
 Property taxes / HOA _____
 Insurance _____
 Utilities _____
 Repairs / Maint. _____
 Total _____

(B) Cost of Goods Sold:
 Beginning Inventory _____
 Purchase-Products & Materials _____
 Freight In _____
 Labor & Subcontractors _____
 Less - Ending Inventory _____
Total Cost of Sales (B) _____

(C) Auto & Truck - Standard Mileage Expense:
 Make, model and year of vehicle(s):
 1 _____
 2 _____

Mileage - Vehicle	#1	#2	X .655
Total Annual Miles	_____	_____	Per Mile
Business Miles *	_____	_____	_____

- Do you or spouse have have another car available for personal use? YES NO
- Do you have evidence to support mileage?
- If so, is the evidence written?

(fill out Business Car Worksheet if using actual expenses)

(D) Other Expenses: (list)

Other Expenses Total (D) _____