## **Profit or Loss from Business**

Year Ended \_\_\_\_\_

	EIN:
Name of Proprietor:	Type of Business:
Business Name:	Self Employed Health Ins. \$
Business Address:	
	(A) Home Office: (needs to be a separate room
Gross Receipts and Sales	used exclusively for this business)
Cost of Sales (B)	Square footage of office
Gross Profit	Square footage of home
	Check if not used at least 15 days every month of year?
Expenses:	Expenses: Mortgage int. / Rent
Advertising	Property taxes / HOA
Auto & Truck Expense (C)	Insurance
Bank and credit card fees	Utilities
Contract Labor	Repairs / Maint.
Depreciation (calculated by BECO)	Total
Dues & Subscriptions	(B) Cost of Sales:
Equipment Rental	Beginning Inventory
Employee Benefits	Purchase-Products & Materials
Home Office (A)	Freight In
Insurance (Business)	Labor & Subcontractors
Interest Expense	Less - Ending Inventory
Internet & on-line fees	Total Cost of Sales (B)
Legal & Professional	
Meals - Business Related (at 100%)	(C) Auto & Truck - Standard Mileage Expense:
Office Supplies	Make, model and year of vehicle(s):
Postage & Shipping	1
Rent Expense	2
Repairs & Maintenance	Mileage - Vehicle #1 #2 * X .575
Salaries & Wages	Total Annual Miles Per Mile
Software	Business Miles *
Supplies & Small Tools	Do you or spouse have have another car available for personal use?  YES NO
Taxes & Licenses	<ul> <li>Do you have evidence to support mileage?</li> <li>If so, is the evidence written?</li> </ul>
Telephone	(fill out Business Car Worksheet if using actual expenses)
Travel and lodging	(D) Other Expenses: (list)
Website	
Other Expenses ( <b>D</b> )	
Total Expenses:	
Net Income (Loss)	Other Expenses Total (D)