

**Profit or Loss from Business**

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

EIN: \_\_\_\_\_

Name of Proprietor: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

Self Employed Health Ins. \$ \_\_\_\_\_

Business Address: \_\_\_\_\_

Gross Receipts and Sales (A) \_\_\_\_\_

Cost of Sales (B) \_\_\_\_\_

Gross Profit \_\_\_\_\_

**Expenses:**

Advertising \_\_\_\_\_

Auto & Truck Expense (C) \_\_\_\_\_

Bank and credit card fees \_\_\_\_\_

Contract Labor \_\_\_\_\_

Depreciation (calculated by BECO) \_\_\_\_\_

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

Equipment Rental \_\_\_\_\_

Employee Benefits \_\_\_\_\_

Home Office (A) \_\_\_\_\_

Insurance (Business) \_\_\_\_\_

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

Internet & on-line fees \_\_\_\_\_

Legal & Professional \_\_\_\_\_

Meals - Business Related (at 100%) \_\_\_\_\_

Office Supplies \_\_\_\_\_

Pension & Profit Sharing Plans \_\_\_\_\_

Postage & Shipping \_\_\_\_\_

Rent Expense \_\_\_\_\_

Repairs & Maintenance \_\_\_\_\_

Salaries & Wages \_\_\_\_\_

Software \_\_\_\_\_

Supplies & Small Tools \_\_\_\_\_

Taxes & Licenses \_\_\_\_\_

Telephone \_\_\_\_\_

Travel and lodging \_\_\_\_\_

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 Sales:**

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 .58
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) \_\_\_\_\_