

## 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 .67
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)** \_\_\_\_\_