

# SCHEDULE OF INCOME FROM BUSINESS OR PROFESSION

Year \_\_\_\_\_

Name:	Social Security or Identification No.
Business Name:	
Address:	Business Code:
Business Activity:	Product: E.I.#:

Gross receipts or sales .....		
Less: Returns and allowances .....	( )	
Net Sales .....		
Less: Cost of Goods Sold and/or Operations .....		
Inventory at beginning of year .....		
Purchases .....		
Cost of items withdrawn for personal use .....	( )	
Balance .....		
Cost of labor .....		
Materials and supplies .....		
Other costs (attach schedule) .....		
Balance .....		
Inventory at end of year .....	( )	
Cost of goods sold .....		
Gross Profit .....		
Other Income .....		
Total Income .....		

**Operating Expenses:**

1 Advertising .....		23 a Wages .....	
2 Car and truck expenses (need org.) .....		b Job credit .....	
3 Commissions and Fees .....		c Subtract line 23b from 23a...	
4 Contract Labor .....		24 Other expenses (specify):	
5 Depletion .....		a Bank charges .....	
6 Depreciation .....		b Dues .....	
7 Employee benefit programs .....		c Freight .....	
8 Insurance (other than health) .....		d Subscriptions .....	
9 Interest-mortgage .....		e Bad Debt from Sales .....	
10 Interest-other .....		or services (accrual only)	
11 Legal and professional services .....		f .....	
12 Office supplies & postage .....		g .....	
13 Pension and profit-sharing plans .....		h .....	
14 Rent or Lease		i .....	
a) Machinery & Equipment .....		j .....	
b) Other Business Property .....		k .....	
15 Repairs and Maintenance .....		l .....	
16 Supplies .....		Self Employed Health Ins. Prem.	
17 Taxes and Licenses .....			
18 Travel .....		Total mileage for vehicle this year	
19 Meals .....		Total business mileage	
20 Entertainment .....		Total commuting mileage	
21 Telephone .....		Parking fees/tolls	
22 Utilities .....		(If more than 1 vehicle was used in this business, must have separate information on each vehicle.)	

## SCHEDULE OF DEPRECIATION

**TOTAL OPERATING EXPENSES  
NET INCOME (LOSS)**

1. Kind of Property (if buildings state material of which constructed) Exclude land and other Nondepreciable property	2. Date Acquired	3. Cost or Other Basis	4. Land or Salvage Value	5. Adjusted Cost Basis	6. Depreciation allowed (or allowable) in other yrs.	7. Remaining Cost	8. Method	Rate (%) or Life (years)	10. Depreciation For This Year

**OFFICE IN HOME EXPENSE**

AVAILABLE TO:

- A) Day Care Providers
- B) Regional Sales Representatives without an established office.
- C) Sole Proprietors

	AMOUNT
<b>PART A</b>	
1. Area of home used for business	
2. Total area of home	
3. % used for business (divide line 1 by line 2)	
<b>PART B</b>	
4. Gross income from business use of home	
5. Mortgage Insurance	
Mortgage Insurance Premium	
Excess Mortgage Interest	
Real Estate Taxes	
Casualty losses	
6. <b>Total</b>	
7. <b>Deduction Limitation</b> (line 4 less line 6)	
8. Insurance	
Rents	
Repair & Maintenance	
Lights	
Heat	
Water / Sewer	
Exterior Painting	
Landscaping	
Other	
Repairs to business portion only	
Painting & decorate to business portion only	
Other expenses for business portion only	

**NOTES:**

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If any deductions are being claimed on this return for Travel, Entertainment, Automobile Expenses or any other listed property, (i.e. cellular phones, computers, etc.), taxpayer(s) acknowledge(s) that proper records are being maintained to substantiate these deductions.

X \_\_\_\_\_  
(TAXPAYER'S SIGNATURE)

THIS FORM WILL BE RETAINED BY OUR OFFICE.