



Cannon Tax & Accounting, Inc.

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Profit / Loss From Business Worksheet

Client ID # _____

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This worksheet is designed for those that receive income either in the form of a 1099-MISC or sell a product or service for pay. Please use a separate worksheet for additional businesses.

General Information:

Taxpayer _____ Spouse _____ SS# or EIN# _____ Nature of Business _____

Business Name _____ (if no name leave blank)

Business Address (if different than home address) _____

Self Employed Health Insurance Premiums \$ _____ Long-term Care Premiums \$ _____

Were any payments made that required 1099(s) to be filed? Yes _____ No _____

Income:

Gross receipts or sales.....\$ _____

Returns.....\$ _____

Other Income.....\$ _____

Inventory:

Beginning Inventory.....\$ _____

Ending Inventory.....\$ _____

(if no inventory - leave blank)

Expenses:

Advertising.....\$ _____

Commissions / Fee.....\$ _____

Contract Labor.....\$ _____

Business Insurance.....\$ _____

Mortgage Interest (Bus. Property).....\$ _____

Legal / Professional Fees.....\$ _____

Office Supplies.....\$ _____

Rent paid (Bus. Location).....\$ _____

Repairs / Maintenance.....\$ _____

Supplies.....\$ _____

Taxes.....\$ _____

Licenses.....\$ _____

Travel.....\$ _____

Meals (Bus. Related).....\$ _____

Utilities (Business Location).....\$ _____

Wages (payroll W-2).....\$ _____

Company Retirement Contributions.....\$ _____

Bank Fees.....\$ _____

Cleaning / Janitorial.....\$ _____

Computer Hardware / Software.....\$ _____

Dues.....\$ _____

Equipment.....\$ _____

Equipment Rental.....\$ _____

Fax / E-Fax.....\$ _____

Interest - Other.....\$ _____

Internet (% Bus. Use _____%).....\$ _____

Materials.....\$ _____

Mobile Phone (% Bus. Use _____%)..\$ _____

Storage.....\$ _____

Postage.....\$ _____

Training / Cont. Education.....\$ _____

Other.....\$ _____

Did you purchase any big ticket items? Description, date purchased, purchase amount.....

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Mileage:

Total Mileage on Vehicle for Year..... _____

Total Miles Driven for Business..... _____

Vehicle Make..... _____

Vehicle Year..... _____

Mileage Log Yes _____ No _____

Mortgage Interest.....\$ _____

Real Estate Tax.....\$ _____

Home Owners Insurance.....\$ _____

Utilities.....\$ _____

Rent (Rental Home / Appt.).....\$ _____

Repairs / Maint.....\$ _____

HOA Dues.....\$ _____

Pest Control.....\$ _____

Yard Maint.....\$ _____

Waste Removal.....\$ _____

Security.....\$ _____

Other.....\$ _____

Home Office:

Total Area Used for Business..... (sq. ft. or number of rooms) _____

Total Area of Home..... (sq. ft. or number of rooms) _____

Note : Bring your invoices, bank/CC statements ,receipts ,payroll info.,etc. so we may properly prepare your return.