

Owner name: _____

Tax year: _____

Business name: _____

Did you pay any non-corporate vendor >= \$600 for services? Yes or No

If so, did you already issue the required Form 1099(s) to the vendor(s)? Yes or No

Business income _____

Business expenses

Advertising _____

Commissions paid _____

Outside services _____

Cleaning & maintenance _____

Commissions paid _____

Insurance (not including health ins.) _____

Interest paid _____

Legal & prof. fees _____

Office expenses (cell, internet, etc.) _____

Rent, office space _____

Rent, equipment _____

Repairs & maintenance _____

Supplies _____

Taxes & licenses _____

Travel/Lodging (if outside your home area) _____

Travel meals (if outside your home area) _____

Tools total (individually <= \$2,500) _____

Misc. expenses _____

Total business expenses _____

Net operating income (income - expenses) _____

Equipment purchased this year (individually > \$2,500)

Description _____ Amount _____ Date in service _____

Mileage (per vehicle)

Business miles for year _____

Total miles on vehicle for year (including above) _____