



| Key | |
|--------------------------|------------|
| <input type="checkbox"/> | Input Info |
| <input type="checkbox"/> | Auto Calc |

BUSINESS REVENUES & EXPENSES

Company Name:

Fiscal Year End:

| | |
|--|---------------------------------------|
| COST OF GOODS SOLD: | BUSINESS MILEAGE: |
| Beginning Inventory (01/01/16): <input type="text"/> | Total Milage: <input type="text"/> |
| Purchases: <input type="text"/> | Business Milage: <input type="text"/> |
| Labor: <input type="text"/> | |
| Materials: <input type="text"/> | |
| Other Costs: <input type="text"/> | |
| Ending Inventory (12/31/16): <input type="text"/> | |

| REVENUE AND EXPENSES | | |
|----------------------------|-----------------------------|--|
| | TOTAL | DESCRIPTION |
| Revenue and Gross Receipts | <input type="text"/> | |
| (Returns and Allowances) | <input type="text"/> | |
| TOTAL REVENUE | <input type="text"/> | |
| EXPENSES: | | |
| Advertising | <input type="text"/> | Business Cards, Newspaper Ad |
| Auto Expense | <input type="text"/> | Gas, Repairs & Maintenance |
| Commissions | <input type="text"/> | 1099 Vendors |
| Continuing Education | <input type="text"/> | Books, Conferences, Seminars |
| Contract Labor | <input type="text"/> | 1099 Vendors |
| Employee Benefits | <input type="text"/> | 401(k), Profit Sharing |
| Insurance - Health | <input type="text"/> | Only if paid by business |
| Insurance - Other | <input type="text"/> | Gen. Liability, Workers Comp |
| Interest - Mortgage | <input type="text"/> | |
| Interest - Other | <input type="text"/> | Credit Card, Line of Credit |
| Internet | <input type="text"/> | |
| Legal/Professional Fees | <input type="text"/> | Accounting, Legal, etc. |
| Meals & Entertainment | <input type="text"/> | |
| Miscellaneous | <input type="text"/> | May not equal greater than 5% of total |
| Office Supplies | <input type="text"/> | Paper, Ink, Pens |
| Printing & Reproduction | <input type="text"/> | Brochures, Forms |
| Rent - Equipment | <input type="text"/> | |
| Rent - Office | <input type="text"/> | Office Space |
| Repairs & Maintenance | <input type="text"/> | |
| Supplies | <input type="text"/> | Industry-Specific Equipment |
| Taxes & Licenses | <input type="text"/> | Business Licenses |
| Telephone & Fax | <input type="text"/> | Landline, Cell Phone, Fax |
| Travel | <input type="text"/> | Flight, Rental Car |
| Utilities | <input type="text"/> | Only if Renting Office |
| Wages | <input type="text"/> | Employee Salaries/Wages |
| TOTAL EXPENSES | <input type="text"/> | |

Disclaimer: By submitting this form to M.D. Andersen, CPA, PA, you are attesting that all information is true and accurate. Additionally, you understand that it is your responsibility to retain written documentation to substantiate the deductions listed above if requested by the IRS or