



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 Mileage: <input type="text"/>
Purchases: <input type="text"/>	Business Mileage: <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