

Self-Employed 1120 1120S 1065 LLC Sole Proprietorship

Business name: _____

Employer ID number: _____

Business address: _____

City _____ State _____ Zip Code _____

Principle business or profession: _____

Business is owned by: Taxpayer Spouse Both

Accounting Method: Cash Accrual

Sources of Income: Bank Statements and Deposit Slips Receipt Book Appointment Book
 Calendar Income Ledger Other _____

Reconstruction Of Income:

Comments:

Daily Income: \$ _____

Days Worked Per week: _____

Week's Worked Per Year: _____

Total Income: \$ _____

Expenses

Advertising: _____ Car and Truck Expense (Miles): _____

Commissions and Fee's: _____ Contract Labor: _____

Insurance: _____ Legal and Professionals Services: _____

Office Expenses: _____ Rent Or Lease Of Equipment Or Land: _____

Repair/Maintenance: _____ Supplies: _____

Taxes and License: _____ Travel: _____

Meals and Entertainment: _____ Utilities: _____

Other Expenses: _____

Taxpayer Signature: _____

Date: _____

Spouse Signature: _____

Date: _____

Tax Preparer Signature: _____

Date: _____