

## **Business Expense List**

Company Name

Address

City  State  Zip Code

County  FEIN

	<u>Owner (s) Name</u> <u>Shareholders Name</u>	<u>Number</u> <u>of Shares</u>	
1.	First and Last Name SSN	1. <input style="width: 40px;" type="text"/>	%
2.	First and Last Name SSN	2. <input style="width: 40px;" type="text"/>	%
3.	First and Last Name SSN	3. <input style="width: 40px;" type="text"/>	%
4.	First and Last Name SSN	4. <input style="width: 40px;" type="text"/>	%

### **1. Gross Income**

**Bank account ending balance as of** .....\*:

\*Form SS - 4 contains information about the end date of taxable period (usually it is 31 December)

**Total gross income (before expenses):**

### **2. Expenses**

	Amount		Amount
Rent (Office , Building , etc.....)	<input style="width: 100px;" type="text"/>	Legal and Professional Consulting.....	<input style="width: 100px;" type="text"/>
Accounting .....	<input style="width: 100px;" type="text"/>	Training, etc.....	<input style="width: 100px;" type="text"/>
Bank Fee.....	<input style="width: 100px;" type="text"/>	Permits and Fees.....	<input style="width: 100px;" type="text"/>
Bad Debts.....	<input style="width: 100px;" type="text"/>	Postage and Shipping.....	<input style="width: 100px;" type="text"/>
Real Estate Tax.....	<input style="width: 100px;" type="text"/>	Workers' Compensation Insurance.....	<input style="width: 100px;" type="text"/>
Commission.....	<input style="width: 100px;" type="text"/>	General Liability Insurance.....	<input style="width: 100px;" type="text"/>
Office Expenses.....	<input style="width: 100px;" type="text"/>	Liability Insurance.....	<input style="width: 100px;" type="text"/>
Repairs and Maintenance.....	<input style="width: 100px;" type="text"/>	Building and Equipment Insurance.....	<input style="width: 100px;" type="text"/>
Utilities.....	<input style="width: 100px;" type="text"/>	Other Insurance.....	<input style="width: 100px;" type="text"/>
Uniforms.....	<input style="width: 100px;" type="text"/>	Gifts.....	<input style="width: 100px;" type="text"/>
Laundry and Cleaning.....	<input style="width: 100px;" type="text"/>	Business Meals.....	<input style="width: 100px;" type="text"/>
Materials.....	<input style="width: 100px;" type="text"/>	Travel.....	<input style="width: 100px;" type="text"/>

	Amount		Amount
Telephone.....	<input type="text"/>	Outside Services / Subcontractors.....	<input type="text"/>
Cellular Telephone.....	<input type="text"/>	Officers Compensation / Salaries and Wages.....	<input type="text"/>
Internet.....	<input type="text"/>	Payroll Taxes.....	<input type="text"/>
Tollway, Parking.....	<input type="text"/>	Distribution / Loan for Shareholders.....	<input type="text"/>
Small Tools.....	<input type="text"/>	Interest Expenses for Building, Office, etc.....	<input type="text"/>
Advertising.....	<input type="text"/>	Business Interest Expenses.....	<input type="text"/>
Printing.....	<input type="text"/>	Other <input type="text"/>	<input type="text"/>

**3. Automobile Expenses - Auto, Truck, Trailer (hereinafter "Equipment")\*\***

\*\*\* Please omit # "a" if you do not lease or own any equipment under the business name.

**a. Actual Expenses for the Equipment:**

Fuel.....	<input type="text"/>	Interest Expenses.....	<input type="text"/>
Tools.....	<input type="text"/>	Leasing Payments.....	<input type="text"/>
Maintenance.....	<input type="text"/>	Repairs.....	<input type="text"/>
Supplies.....	<input type="text"/>	Rent.....	<input type="text"/>
Scale.....	<input type="text"/>	Parking.....	<input type="text"/>
Tollway.....	<input type="text"/>	Other <input type="text"/>	<input type="text"/>

**b. Miles - Specify:\*\*\***

\*\*\* Does not concern trucks / tractors / trailers; only autos owned / used under your business name .

Odometer Reading (January 1).....	<input type="text"/>	Business miles**** .....	<input type="text"/>
Odometer Reading (December 31).....	<input type="text"/>	*** All miles must have evidencing.I.	

**c. Equipment Schedule (Loan or leasing) :\*\*\*\*\***

\*\*\*\*\* List only equipment / tools that were purchased or leased last year and their value was more than \$500.00. If you are new client please submit your last two years Income Tax and do not list any equipment on this form that was purchase in previous year (omitting last year). Please submit separate list if you have more equipment than listed.

Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Purchase	<input type="text"/>	<input type="checkbox"/> Lease
										<input type="checkbox"/> loan
Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Purchase	<input type="text"/>	<input type="checkbox"/> Lease
										<input type="checkbox"/> loan
Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Purchase	<input type="text"/>	<input type="checkbox"/> Lease
										<input type="checkbox"/> loan
Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Purchase	<input type="text"/>	<input type="checkbox"/> Lease
										<input type="checkbox"/> loan
Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Purchase	<input type="text"/>	<input type="checkbox"/> Lease
										<input type="checkbox"/> loan

Only for Automobile

Year  Make  Price  Last 6 of Vin #  Date of Purchase   Lease  
 loan

**d. Sold Equipment:\*\*\*\*\***

Only for Automobile

\*\*\*\*\* List only equipment / tools that were sold or lease terminated last year. If you are a new client please submit your last two year's Income Tax. Please submit separate list if you sold more equipment than listed.

Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Sale	<input type="text"/>	<input type="checkbox"/>	Lease
										<input type="checkbox"/>	loan
Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Sale	<input type="text"/>	<input type="checkbox"/>	Lease
										<input type="checkbox"/>	loan
Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Sale	<input type="text"/>	<input type="checkbox"/>	Lease
										<input type="checkbox"/>	loan
Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Sale	<input type="text"/>	<input type="checkbox"/>	Lease
										<input type="checkbox"/>	loan
Year	<input type="text"/>	Make	<input type="text"/>	Price	<input type="text"/>	Last 6 of Vin #	<input type="text"/>	Date of Sale	<input type="text"/>	<input type="checkbox"/>	Lease
										<input type="checkbox"/>	loan

Only for Automobile

**4. Additional List for Transportation Business Expenses:**

Heavy Vehicle Highway Use Tax (2290 Form).....	<input type="text"/>	Registration.....	<input type="text"/>
Fuel Tax (IFTA).....	<input type="text"/>	Medical Examination.....	<input type="text"/>
DOT Inspection.....	<input type="text"/>	Factoring Services.....	<input type="text"/>
I-Pass.....	<input type="text"/>	Quick Pay Services.....	<input type="text"/>
Licenses and Permits (MC, ICC, USDOT, IFTA,etc)	<input type="text"/>	Other	<input type="text"/>

**5. Meals - Per Diem Rates Allowances\*\*\*\*\***

\*\*\*\*\* List only when your business is: transportation, owner of the company has valid CDL, owner of the company is a trucker. When completing this form please list by order of listed owners / shareholders on the first page.

Full days.....	<input type="text"/>	Partial days (for examples departure or arrival)..	<input type="text"/>
Full days.....	<input type="text"/>	Partial days (for examples departure or arrival)..	<input type="text"/>
Full days.....	<input type="text"/>	Partial days (for examples departure or arrival)..	<input type="text"/>
Full days.....	<input type="text"/>	Partial days (for examples departure or arrival)..	<input type="text"/>

**6. Other Expenses**

Corporation Tax.....	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Renewal Corporation.....	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
		Other	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>

Signature \_\_\_\_\_ Phone Number  Data