



Name: \_\_\_\_\_

Phone: \_\_\_\_\_

T/S/J	
Principal Business or Profession	
Business Name	
Business Address	
Accounting Method (cash, accrual)	
State	

**Income**

**Cost of Goods Sold**

**Expenses**

Type  
Type  
Type

**Expenses (continued)**

Other:  
Other:  
Other:  
Other:  
Other:  
Other:  
Other:  
Other:  
Other:

**Auto Expense**

**Home Office**

Other:  
Other:  
Other:  
Other:  
Other:  
Other:  
Other:  
Other:  
Other: