

Client: _____

Income & Expense Worksheet

Year: _____

Type 1040	1120	1065	990	Other
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Gross Receipts (sales/fees) _____

Business Expenses-(if you operate as a sole proprietor business)

Description	Amount
Salaries & Wages	_____
Repairs & Maintenance	_____
Rent	_____
Advertising	_____
Pension, profit sharing etc.	_____
Accounting	_____
Auto & Truck Expenses	_____
Bank Charges	_____
Cleaning	_____
Commissions	_____
Computer service & supplies	_____
Credit & collection costs	_____
Delivery & Postage	_____
Discounts	_____
Dues & Subscription	_____
Equipment rent	_____
Business gifts	_____
Insurance	_____
Janitorial	_____
Laundry & cleaning	_____
Legal and professional fees	_____
Meals & Entertainment	_____
Office Expense	_____
Outside services/ sub contractor	_____
Tolls & Parking	_____
Gas & Oils	_____
Permits & Fees	_____
Postage	_____
Printing	_____
Security	_____
Supplies	_____
Tools	_____
Training/education	_____
Telephone	_____
Travel	_____
Uniforms	_____
Utilities	_____

Business miles(for year) _____

Other (List your other expenses)

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Equipment Purchased

Description	Date	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

Notes

Taxpayer's certification

I hereby declare that I have examined this worksheet, and to the best of my knowledge and belief it is true, correct and complete.

Signature _____
Date