1120/1120S/1065 ALL BUSINESS RELATED INCOME & EXPENSES

BUSINES		NEGO NELATED IN	COME & EXPENSES		
BUSINES	S ADDRESS:				
EIN:					
LINE#		DESCRIPTION			
		Income			
1a	Gross receipts or sales			\$	
1b	Less Returns and Allowances			\$	
2	Cost of Goods Sold:			\$	
	Beginning inventory of the goods as on start of year			\$	
	Purchase of goods.		\$		
	Ending inventory of the good	s as on end of year		\$	
		Deduction	S		
7	Compensation of officers	\$			
8	Salaries and Wages (Other t	Salaries and Wages (Other than Officers)			
9	Repairs and Maintenance			\$	
10	Bad Debts			\$	
11	Rent - Real Property			\$	
	Rent - Tangible Property			\$	
	Auto and Truck Lease Expense			\$	
12	Taxes: Auto and Truck			\$	
	City	\$	Real estate	\$	
	Employer	\$	Sales	\$	
	Licenses	\$	State Income	\$	
	Payroll	\$	Other	\$	
13	Interest	\$			
14	Depreciation not claimed on	\$			
15	Depletion (not oil and gas)			\$	
16	Advertising	Advertising			
17	Pension & profit-sharing plan	\$			
18	Employee benefit programs			\$ \$	
	Credit for small employer health insurance premiums				
Car/Truck of	detail:				
	Vehicle description (Make, Model)				
	Date vehicle was placed in service				
	Total Business Mileage driven during the year			Miles	
	Total Commuting Mileage driven during the year			Miles Miles	
	Total other mileage driven during the year				
	Auto Repair and Maintenanc		\$		
	Registration	\$			
	Tags Fee, Inspections Sticker			\$	
	Parking Fees and Tolls paid			\$	
	Gasoline and Oil Lease Payments			\$	
	\$				

19	Other Deductions:					
	Accounting	\$	Meals & Entertainment at 50%	\$		
	Amortization	\$	Meals at 100%	\$		
	Auto and Truck Exp	\$	D.O.T hrs of service rules	\$		
	Bank Charges	\$	Office Expense	\$		
	Cash Shortages	\$	Office Supplies	\$		
	Cleaning & Laundry	\$	Outside Services	\$		
	Commissions	\$	Parking	\$		
	Delivery Charges	\$	Postage	\$		
	Dues & Subscriptions	\$	Printing	\$		
	Farm Expenses	\$	Promotion	\$		
	Fines, Penalties (Non-Ded)	\$	Storage	\$		
	Freight	\$	Supplies	\$		
	Fuel	\$	Telephone	\$		
	Insurance	\$	Tools	\$		
	Janitor	\$	Travel	\$		
	Leases	\$	Uniforms	\$		
	Legal/Professional	\$	Utilities	\$		
	Licenses \$ Permits	\$	Other Business Deductions	\$		
	Maintenance	\$				
OTHERS		•	·			
1						
2				\$		
3				\$		
4				\$		
5				\$		
6				\$		
7				\$		
8				\$		
9				\$		
10				\$		

DECLARATION

I declare that the information stated above is true, correct and complete to the best of my knowledge and belief.

Signature	
(Please Type or Print Your Name)	
Title	
Dated:	

Ph: 972-570-0593, Fax: 972-570-1424