

Name : _____ Date : _____

BUSINESS TAX EXPENSE

Business Name: _____
Owner Name: _____
Tax Year: _____

Income

Gross Revenue / Sales: _____
Returns & Allowances: _____
Other Business Income: _____
Total Income: _____

Cost of Goods Sold (if applicable)

Beginning Inventory: _____
Purchases: _____
Ending Inventory: _____
Cost of Goods Sold: _____

Operating Expenses

Advertising & Marketing: _____
Office Supplies: _____
Rent or Lease (Office/Store): _____
Utilities (Electricity, Internet, Phone): _____
Insurance: _____
Professional Fees (Legal, Accounting): _____
Wages & Salaries: _____
Contract Labor: _____
Business Travel: _____
Meals (50% deductible): _____
Vehicle Expenses: _____
Repairs & Maintenance: _____
Depreciation: _____
Software & Subscriptions: _____
Other Expenses: _____

Home Office Deduction (if applicable)

Home Office Square Footage: _____
Total Home Square Footage: _____
Home Expenses (Rent, Utilities, etc.): _____
Home Office Deduction: _____

Taxes & Payments

Estimated Tax Payments Made: _____
Self-Employment Tax: _____
State & Local Taxes: _____

Summary

Total Income: _____
Total Expenses: _____
Net Profit (or Loss): _____