

Taxpayer Name or Business Name:	Tax Year:
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BUSINESS OR PROFESSIONAL SERVICES INCOME

GROSS RECEIPTS OR SALES	ADVERTISING	CAR/TRUCK EXPENSES	COMMISSIONS AND FEES
CONTRACT LABOR	COST OF GOODS SOLD	INSURANCE (other than health)	INTEREST
LEGAL/PROFESSIONAL FEES	MEALS AND ENTERTAINMENT	MISCELLANEOUS	OFFICE EXPENSES
RENT OR LEASE	REPAIRS AND MAINTENANCE	SUPPLIES (operating)	TAXES AND LICENSES
TELEPHONE	TRAVEL AND MEALS	UTILITIES	WAGES
FIXED ASSETS PURCHASED			OTHER INFORMATION:
Date:	Item:	Amount:	

ENDING INVENTORY: \$