

Taxpayer Name or Business Name:		Tax Year:	
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: \$			

See reverse for Rental Income and Expenses Form.

Taxpayer Name or Business Name:

Tax Year:

RENTAL INCOME AND EXPENSES

INCOME	ADVERTISING	CLEANING/MAINTENANCE	INSURANCE
INTEREST	REPAIRS	SUPPLIES	TAXES
TRAVEL	UTILITIES	OTHER:	

IMPROVEMENTS AND FIXED ASSETS

Date:	Item:	Amount:

See reverse for Business or Professional Services Income Form.