

**General Small Business**

Income Source	Amount	Income Source	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Cost of goods Sold	\$	Sub contract labor	\$
Previous year ending inventory	\$	Materials used	\$
Items purchased for resale	\$	Other	\$
Freight on purchases	\$	Bad checks	\$
Advertising	\$	Legal and professional fees	\$
Commissions to sales	\$	Employee benefits	\$
Insurance	\$	Building rental	\$
Mortgage interest	\$	Repairs	\$
Other Interest	\$	Business telephone	\$
Office expense	\$	Cell phone	\$
Equipment Rental	\$	Business share of employment taxes	\$
Vehicle Rental	\$	Laundry of uniforms	\$
Supplies	\$	Radio expense	\$
Utilities	\$	Wages	\$
Workman's Comp. insurance	\$	Uniforms	\$
Laundry (for out of town travel)	\$	Client gifts (limit \$25.00)	\$
Outside job rain gear	\$	Travel (Away from home on business)	\$
Meals (out of town)	\$	Meals and ent. for clients (w/ you)	\$
Meals and ent. For clients (w/o you)	\$	Cost of necessary supplies	\$
Other	\$	Other	\$

Business machines, calculators, briefcases, computers, and programs for depreciation

Description	Cost	Date of Purchase	Prior Depreciation
	\$	/ /	\$
	\$	/ /	\$
	\$	/ /	\$
	\$	/ /	\$
	\$	/ /	\$
	\$	/ /	\$
	\$	/ /	\$

*I have all of the necessary logs and receipts to prove the above deductions. If you agree with this please sign below.*

X \_\_\_\_\_