

Form 1

(Put your firm contact information in this area.)

Income & Expense

Client Name: _____ Year: _____

Sales - Your Business Income		Salary - W-2	
Interest Income		Security/Alarm Service	
Other Income*		Supplies - Operating	
Sales Returns Paid to Customer		Small Tools	
		Tax - Property	
Purchases		Tax - Sales Tax Paid	
Sub-Contractors (Form 5)		Tax - Other*	
		Telephone/Cell/Beeper	
Advertising		Travel-Overnight/Motel/Air Fare	
Bank Fees		Vehicles - Gas/Oil/Repairs	
Credit Card Merchant Fees		Tolls and Parking	
Data/Internet Expense		Vehicle - Rental Cars	
Donations by Business		Uniforms	
Dues, Subscriptions, & Books		Laundry & Business Uniforms	
Government Fees & Licenses		Utilities - Electric/Water/Trash	
Freight/Delivery Out Going		Credit and Collection Costs	
Insurance - Business		Gifts - For Business Purposes	
Insurance - Health/Life/Dental		Janitorial	
Insurance - Vehicle		Entertainment - Food/Beverage	
Insurance - Other*		Company Parties/Events-Food	
Legal/Accounting/Professional		Outside Services	
Miscellaneous (Small Amount)		Loan Payment 1*	
Office Supplies		Loan Payment 2*	
Computer Software		Loan Payment 3*	
Payroll Taxes		Licenses and Fees	
Postage/Mailing/Express		*	
Printing		*	
Rent-Buildings/Storage		*	
Rental Equipment		*	
Equipment Lease Payments		*	
Vehicle Lease payments		Personal Withdrawals from Biz	

On lines with an * you need to write in the description. The Other and * slots are for cost areas that are unique to your business. If you have any questions, please feel free to give us a call.

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