

***2019* BUSINESS INCOME AND EXPENSE SUMMARY**

(Please disregard all numbers, they are used for computer input only)

NAME _____ Your Birthdate _____ Spouse's Birthdate _____

E-mail _____ Phone # _____

INCOME

Gross sales (Cash and Credit)	27	_____
Total Purchases of Items for Resale	59	_____
Ending Inventory 12-31-18	63	_____

EXPENSES

Advertising	30	_____
Business Auto or Truck Expense or business miles	31	_____
Contract Labor	33	_____
Business Insurance	38	_____
Interest on Business Property	39	_____
Interest on other Business Loans	40	_____
Tax preparation charges	41	_____
Office Supplies & Postage	42	_____
Rent	44	_____
Repairs of buildings or Equipment	46	_____
Supplies	47	_____
Taxes (Vehicle, Real Estate, etc.)	48	_____
Travel (Away from home expense)	49	_____
Meals and Entertainment	50	_____
Utilities (Lights, Gas, & Telephone)	51	_____
Wages (Gross wages for employees before deductions)	52	_____
Social Security Taxes (1/2 of SS tax paid by you)		_____
Other Expense _____		_____
_____		_____
_____		_____

EQUIPMENT PURCHASES

Date Purchased

Amount Paid

Name of Item

_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE COMPLETE BOTH SIDES

IMPORTANT!

Did you, your spouse, and dependents have health insurance coverage for the entire 2019 year?

Please Circle YES NO

Did you purchase your health insurance thru the "Market Place"?

Please Circle YES NO

If the answer is yes, please bring in Form 1095-A

The information on this form is needed before we can complete your tax return.

Cost of Health Insurance Premiums if you are self-employed	_____
Cost Nursing home insurance premiums	_____
Medicare premiums withheld (from SS-1099)	_____
Spouse's (from SS-1099)	_____
Total	_____

Your contribution to a deductible IRA Plan (not Roth)	_____
Your spouse's contribution to a deductible IRA Plan (not Roth)	_____
Your contribution to a Keogh Plan	_____
Contributions to Roth IRA or 401k Plan	_____
Quarterly estimates made to federal	_____
Quarterly estimates made to state	_____