

PROFIT OR (LOSS) FROM A BUSINESS OR PROFESSION

If you had more than one business, please copy and complete a separate schedule for each business.

Principal business or profession: (What do you do?) _____

Business name and address of business location: _____

When did you start this business? _____

INCOME & COST OF GOODS SOLD

Income	Amount	Cost of goods sold	Amount
Gross receipts or sales		Inventory at beginning of year	
Sales returns and allowances		Merchandise purchased for resale	
Interest income from business accounts		Materials & supplies	
Dividend income from business accounts		Other costs <i>(describe)</i> :	
Other income <i>(describe)</i> :			
		Inventory at end of year	

EXPENSES

Description	Amount	Description	Amount
Advertising		Wages	
Bad debts from sales or services		Bank service charges	
Commissions & fees		Conventions & seminars	
Insurance other than owner's health insurance		Credit card fees	
Owner's health insurance		Dues & subscriptions	
Interest paid to financial institutions		Gifts & flowers	
Interest paid to others		Laundry & uniforms	
Legal and professional services		Miscellaneous	
Office expense		Postage	
Pension and profit-sharing plans		Sanitation	
Rent or lease of vehicles, machinery & equipment		Taxes <i>(FICA, SUTA & FUTA - payroll taxes)</i>	
Rent or lease of other business property		Telephone	
Repairs & maintenance		Other <i>(describe)</i> :	
Supplies not included in cost of goods sold			
Filing fees & licenses			
Travel			
Meals & entertainment			
Utilities			

BUSINESS MILEAGE & AUTO EXPENSE

Vehicle #1	Amount	Vehicle #2	Amount
Cost of vehicle		Cost of vehicle	
Gas, oil, repairs, insurance & interest		Gas, oil, repairs, insurance & interest	
Personal miles driven		Personal mile driven	
Business miles driven		Business miles driven	

PURCHASE OF ASSETS TO BE DEPRECIATED

Description & purchase date	Amount	Description & purchase date	Amount
(EXAMPLE) Dell computer 12-25-03	350.00		