

Rent /Lease of Property: _____

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tax	JANET JOBERT 510-654-3425 TEL 510-654-3429 FAX jobert@joberttax.com www.JobertTax.com	BUSINESS INCOME AND EXPENSES WORKSHEET PAGE 1 BUSINESS NAME ADDRESS	
SERVICE		TYPE OF BUSINESS	
GENERAL INFO Gross receipts	RMATION s or sales:	OFFICE EXPENSES CONTINUED Repairs:	
□ product <i>or</i> [Publications:	
Less: returns and all	lowances:		
COST OF GOOD	S SOLD	Subcontracted Labor:	
	nventory:	Office supplies:	
P	urchases:	Taxes / License:	
Less: items for pers	sonal use:	Telephone / Cell:	
Cost of Labor:		Utilities:	
Materials and Supplies:		Wages / payroll tax:	
Other Costs:		Wages / payroll expense:	
Ending Ir	nventory:	Website expesne:	
BEGINNING DE	DUCTIONS	Other:	
Ad	vertising:	OFFICE IN HOME	
Bank Charges:		Note: If this is a new deduction and you own the	
Computer expenses:		· · · · · · · · · · · · · · · · · · ·	
Education /	Seminar:	Total Square Fee:	
Employee	Benefits:	Sq. Ft./ Bus. Area:	
Freight:		Exclusive Use?: □ yes □ no	
	Gifts:	ENTER THE FOLLOWING AT 100%	
Gifts: Insurance:		Mortgage Interest:	
Interest	Expense:	Property Tax:	
Internet / DSL:		Hazard Insurance:	
Legal / Professional Fees:		Rental Insurance:	
Meals / Entertainment:		Rent:	
OFFICE EXPENSES		Repairs:	
Postage / Fax:		Cleaning:	
Rent / Lease on Eqiupment:		Utilities:	

Other: _____



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BUSINESS INCOME AND EXPENSES WORKSHEET PAGE 2

tax	510-654-3425 TEL 510-654-3429 FAX jobert@joberttax.com www.JobertTax.com	BUSINESS NAME ADDRESS TYPE OF BUSINESS		
		1172 01 80	SINCSS	
BUSINESS EXPE	ENSE / AUTO AND TRAVEL		TRAVEL AWAY FROM HOM	ЛΕ
Note: If this is a new vehicle or a new deduction,			Fares for Planes, Train or Boat: _	
please bring a copy of the original purchase contract for depreciation.			Hotel / Lodging:	
•			Ground Transportation:	
Car 1 business mileage:			Meals Away @ 100%:	
Car 1 commute mileage:			Tips (Maid, Valet, Skycap):	
Car 1 total annual	mileage:			
			NEW EQUIPMENT	
Car 2 business mileage:			Item:	
Car 2 commute mileage:			Date Purchased:	
Car 2 total annual	mileage:		Cost:	
	DMV fee:		Item:	
	Gasoline:		Date Purchased:	
	nsurance:		Cost:	
	ntenance:			
Oil Change, Battery, etc.:			Item:	
Loan Interest:			Date Purchased:	
Lease Payments:			Cost:	
	le Rental:			
	/Waxing:		Item:	
Bridge Tolls:			Date Purchased:	
	Parking:		Cost:	
NOTES / QUES	TIONS			