Principle Business or profession: Business Name (doing business as) Employer ID Business address: Accounting Method Inventory Method Check if this is your first year in business Did you make any payments in 2020 that wou If "YES" did you or will you file 1099 (attach co				Accrual Lower cost or market	other Yes	□ NA <b>No</b>
INCOME		AMOUNT	COST OF GOODS S	SOLD (buying product fo	or resale)	AMOUNT
1. Gross Recei	pts or sales		1. Beginning inver	itory		
(attach copies of 1099's,1099k)			2. Purchases for resale			
			3. Cost of items us	sed personally		
			4. Materials and supplies			
			5. Merchant fees			
			6. Other costs			
			7. End of year inve	entory value		
EXPENSES				·		AMOUNT
1. Advertisin	g(webiste, FB ads, I	G, flyers etc	)			
2. Commission	ons and fees					
3. Contract L	abor					
4. Employee	benefits programs					
5. Business Ir	nsurance( <i>Liability, E</i>	rrors&Omis	sions, etc. NO AUT	<sup>-</sup> O)		
6. Interest (b						
7. Legal and						
8. Office exp						
9. Rent or lease <i>(office)</i>						
10. Business e	10. Business equipment rental					
	11. Repairs and maintenance					
12. Supplies						
13. Taxes and	13. Taxes and licenses(business only NO ESTIMATED TAX PAYMENTS)					
14. Travel						
15. Meals (entertainment no longer deductible)						
16. Utilities(o)	16. Utilities(office rental utilities)					
17. Wages(att	tach W-2's and W-3	)				
Other:			AMOUNT	Misc Other(description	1)	AMOUNT
19. Internet(p	ortion used for business,	)		25		
20. Cell phone	e(portion used for busine	ess)		26		
21. Parking(business only)			27			
22. Dues & Subscriptions			28			
23. Client gifts 25\$ or less			29			
24. Education & seminars				30		

*IF YOU USE YOUR VEHICLE I	OR WORK*	Fill out auto worksheet		
*IF YOU WORK FROM HOME	Fill out home office worksheet			
DEPRECIATION (Equipment over 500	per item needs to b	e depreciated)		
PROPERTY DESCRIPTION	COST	DATE ACQUIRED		
Taxpayer Signature		Spouse Signature		
Printed Name		Printed Name		

Date

Date