

Profit and Loss from Personal Business

Name: _____ Tax Year: _____

Name of Business: _____

Total Income: _____

Expenses:

Advertising: _____

Commissions/fees: _____

Cost of Goods Sold: _____

Insurance (other than Health): _____

Legal/Professional Fees: _____

Office Expense: _____

Rent (Office): _____

Lease (Equipment): _____

Supplies: _____

Travel: _____

Meals: _____

Other Expenses:

Cell Phone: _____

Internet: _____

Transportation: _____

Dues/Subscriptions: _____

Subcontractors: _____

Postage/Delivery: _____

Client Gifts: _____

Returns: _____

*Please list any other expenses not included above:

Auto Expense: Total miles driven during tax year _____

Total miles for business _____

