

2011 BUSINESS INCOME & EXPENSE ORGANIZER

Name: _____ Phone: _____ FIN: _____

Income:

- | | Is sales tax included in gross income? | Yes | No | | |
|-----------------------------|--|-----|----|--|----------|
| 1. Gross receipts or sales | | | | | \$ _____ |
| 2. Returns and allowances | | | | | \$ _____ |
| 3. Business interest income | | | | | \$ _____ |
| 4. Other Income (a) _____ | | | | | \$ _____ |
| (b) _____ | | | | | \$ _____ |
| (c) _____ | | | | | \$ _____ |

Expenses:

- | | | | |
|------------------------------|----------|-------------------------------|----------|
| 1. Advertising | \$ _____ | 17. Taxes: | |
| 2. Car & truck expense* | | (a) Licenses | \$ _____ |
| (a) Car | \$ _____ | (b) Real estate | \$ _____ |
| (b) Pickup | \$ _____ | (c) Sales tax | \$ _____ |
| (c) Truck | \$ _____ | (d) Payroll | \$ _____ |
| 3. Commissions & fees* | \$ _____ | (e) Other | \$ _____ |
| 4. Contract labor* | \$ _____ | 18. Travel | \$ _____ |
| 5. Employee benefits: | \$ _____ | 19. Meals & Entertainment | \$ _____ |
| 6. Insurance: | | 20. Utilities: | |
| (a) Business & liab. | \$ _____ | (a) Electricity | \$ _____ |
| (b) Workers comp. | \$ _____ | (b) Telephone | \$ _____ |
| (c) Employee health** | \$ _____ | (c) Cell phone | \$ _____ |
| (d) Other | \$ _____ | (d) Garbage | \$ _____ |
| 7. Mortgage interest expense | \$ _____ | (d) Water | \$ _____ |
| 8. Other interest expense | \$ _____ | (e) Other | \$ _____ |
| 9. Accounting fees* | \$ _____ | 21. Wages: | |
| 10. Legal fees* | \$ _____ | (a) To spouse | \$ _____ |
| 11. Other professional fees* | \$ _____ | (b) To children <18 | \$ _____ |
| 12. Office expense | \$ _____ | (c) Other | \$ _____ |
| 13. Pension & profit sharing | \$ _____ | 22. Other: | |
| 14. Rent or lease:* | | (a) Dues & pub. | \$ _____ |
| (a) Equipment | \$ _____ | (b) Education | \$ _____ |
| (b) Other* | \$ _____ | (c) Laundry | \$ _____ |
| 15. Repairs & maintenance* | \$ _____ | (d) _____ | \$ _____ |
| 16. Supplies | \$ _____ | (e) _____ | \$ _____ |
| | | 23. Self-employed health ins. | \$ _____ |

Cost of Goods Sold Information:

- | | |
|---|----------|
| 1. Purchases of product & supplies for resale | \$ _____ |
| 2. Cost of items taken for personal use | \$ _____ |
| 3. Purchase of materials for jobs | \$ _____ |
| 4. Freight-In | \$ _____ |
| 5. Other costs | \$ _____ |
| 6. Inventory at beginning of year | \$ _____ |
| 7. Inventory at end of year | \$ _____ |

* If over \$600.00 to non-corporate entity a Form 1099 may be required to be filed.

** Health Care Credit may apply.