



BUSINESS EXPENSE FORM

(PROFIT OR LOSS STATEMENT)



Name of Business owner:	
Social Security Number:	
Business Name:	
Business Address:	
Business Start Date:	
Business EIN (Employer ID Number):	
Tax Filing Year:	
Business Income:	

Business Expenses:	
Advertising:	\$
Car & truck expenses	\$
Commissions & fees	\$
Business Insurance (other than health)	\$
Contract labor expense	\$
Mortgages	\$
Legal & professional services	\$
Office expense	\$
Machinery, equipment & other business property	\$
Repairs Supplies	\$
Taxes & Licenses	\$
Travel	\$
Meals & entertainment	\$
Business Utilities	\$
Wages	\$
Miscellaneous	\$
Other expenses	\$
Phone	\$
Business uniform	\$
Business miles	\$
Commuting miles	\$
Total Business Expense:	\$

Signature: _____

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