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BUSINESS EXPENSE FORM

PROFIT & LOSS STATEMENT

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

Business Entity Type:	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Single Member LLC (SCH C)
<input type="checkbox"/> SCORP (1120S) - attach Articles of Incorporation	
<input type="checkbox"/> Partnership LLC (1065) - attach Articles of organization and each members name, address, social security number, email & partners percentage	

Business Expenses:	
Advertising	\$
Car & truck expenses	\$
Commissions & fees	\$
Business Insurance (other than health)	\$
Contract labor expense (1099-NEC)	\$
Business Rent Expense	\$
Interest expense	\$
Officer Salaries & wages	\$
Employee Salaries (W2)	\$
Legal & professional services	\$
Office expense	\$
Machinery, equipment & other business property	\$
Repairs	\$
Supplies	\$
Taxes & Licenses	\$
Travel	\$
Meals & entertainment	\$
Business Utilities	\$
Wages	\$
Miscellaneous	\$
Other expenses	\$
Business Phone Expense	\$
Business uniform	\$
Business miles	
Commuting miles	
Total Business Expense:	\$

Signature: _____