Self-Employment/Business Expenses

Company name/ Profession _____

Company EIN# _____ Tax year _____

Company Address_____

City, State, Zip Code _____

Entity type (please check one):

O Form 1040 (Schedule C) **O** Form 1120 **O** Form 1120s **O** Form 1065 **O** Other _____

*****Please attach copy of EIN letter from the IRS and Sunbiz Information Document pertaining to your business*****

Income from sales $_____ Income from loans $_____ Income from owner $_____

Advertising _____ $_____

Auto payments _____ $_____

Bank fees _____ $_____

Business related expense _____ $_____

Insurance_____ $_____

Materials/supplies _____ $_____

Meals and entertainment _____ $_____

Office expense _____ $_____

Parking fees and tolls _____ $_____

Phone expense _____ $_____

Rent _____ $_____

Repairs and maintenance _____ $_____

Shipping and postage _____ $_____

Subscriptions and dues _____ $_____

Training/education/seminars_____ $_____

Travel _____ $_____

Utilities _____ $_____

All other expense _____ $_____

Any other expenses not listed, please provide totals

Signature _____ Date _____/_____/_____