

BUSINESS OR PROFESSIONAL SERVICE INCOME AND EXPENSES

Reminder: 1099 Forms must be filed with the IRS by January 31 if you pay more than \$600 for interest, rent or services

Business Name _____
 Employer ID Number _____

Year _____
 Principal Product or Service _____

Income

Income from Services \$ _____
 Reimbursed Expenses \$ _____
 Other Income \$ _____
 _____ \$ _____

Cost of Goods Sold

(1) Beginning Inventory \$ _____
 (2) Total Purchases for Resale \$ _____
 (3) Ending Inventory \$ _____
 Cost of Goods Sold (1) + (2) - (3) \$ _____

General Expenses

Advertising \$ _____
 Business Gifts \$ _____
 Bad Debts \$ _____
 Bank Fees \$ _____
 Client Expenses \$ _____
 Commissions & Fees \$ _____
 Dues & Subscriptions \$ _____
 Employee Benefits \$ _____
 Employee Retirement \$ _____
 Equipment Leases \$ _____
 Film Processing \$ _____
 Employee Gross Payroll \$ _____
 Payroll Taxes (FICA, FUTA,SUTA) \$ _____
 Workers Comp \$ _____
 Interest - Mortgage \$ _____
 Interest - Other \$ _____
 Licenses & Permits \$ _____
 Maintenance Contracts \$ _____
 Non-Employee Labor \$ _____
 Miscellaneous \$ _____
 Office Supplies \$ _____
 Postage \$ _____
 Repairs \$ _____
 Supplies \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Professional Expenses

Business Library/Software \$ _____
 Continuing Education \$ _____
 Insurance - E&O/Liability \$ _____
 Insurance - _____ \$ _____
 Professional Fees \$ _____
 _____ \$ _____

Telephone & Utilities

Telephone - Business \$ _____
 Telephone - Cell \$ _____
 Internet Service \$ _____
 Utilities \$ _____
 _____ \$ _____

Location Expenses

Janitorial \$ _____
 Real Estate Taxes \$ _____
 Rent \$ _____
 Repairs \$ _____
 _____ \$ _____

Travel Expenses

Automobile Leases \$ _____
 Meals & Entertainment \$ _____
 Motel \$ _____
 Business Miles Driven _____
 Total Miles Driven _____
 Vehicle Repairs \$ _____
 Vehicle License & Insurance \$ _____
 Gas & Oil \$ _____
 Interest Paid on Vehicle \$ _____
 Travel (other than meals & vehicle) \$ _____
 _____ \$ _____

Equipment Purchases

Date	Description	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



208 East Main Street
 Mandan, ND 58554

PH: (701) 663-9345
 FAX: (866) 861-7169
www.mg-cpas.com