

SOLE PROPRIETORSHIP TAX RETURN

Income & Expenses Statement

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GENERAL INFORMATION

NAME OF PROPRIETOR

SOCIAL SECURITY NUMBER / TAX ID

PRINCIPAL BUSINESS OR PROFESSION

EMPLOYER IDENTIFICATION NUMBER (EIN) (IF APPLICABLE)

BUSINESS NAME

BUSINESS ADDRESS

CITY, STATE, & ZIP CODE

PART I: INCOME

No.	Income Category	Amount
1	Gross receipts or sales	
2	Returns and allowances	
3	Subtract line 2 from line 1	
4	Cost of goods sold	
5	Gross income (Subtract line 4 from line 3)	

PART II: EXPENSES

No.	Expense Category	Amount
6	Advertising	
7	Car and truck expenses	
8	Commissions and fees	
9	Depreciation and section 179 expense	
10	Employee benefit programs	
11	Insurance (other than health)	

No.	Expense Category	Amount
12	Interest (Mortgage & other)	
13	Legal and professional services	
14	Office expense	
15	Rent or lease (Vehicles, machinery, other business property)	
16	Repairs and maintenance	
17	Supplies	
18	Taxes and licenses	
19	Travel and meals	
20	Utilities	
21	Wages (less employment credits)	
22	Other expenses	
23	Total expenses (Add lines 6 through 22)	

PART III: NET PROFIT OR LOSS

24	Net Profit or Loss (Subtract line 23 from line 5)	
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

SIGNATURE OF PROPRIETOR

DATE

SIGNATURE OF PREPARER (IF OTHER THAN PROPRIETOR)

DATE