

SOLE PROPRIETOR TAX RETURN

Income and Expenses From Business

YEAR:

GENERAL INFORMATION

Name of Proprietor:	Social Security Number / TIN:
Principal Business or Profession:	Employer ID Number (EIN) (if applicable):
Business Name:	
Business Address (including suite or apt. no.):	

PART I: INCOME

REVENUE DESCRIPTION	AMOUNT
1. Gross receipts or sales	
2. Returns and allowances	
3. Subtract line 2 from line 1	
4. Cost of goods sold (from Part IV line 32)	
5. Gross profit (subtract line 4 from line 3)	
6. Other income	
7. Gross income (add lines 5 and 6)	

PART II: EXPENSES

EXPENSE CATEGORY	AMOUNT
8. Advertising	
9. Car and truck expenses	
10. Commissions and fees	
11. Contract labor	
12. Depletion	
13. Depreciation and section 179 expense	
14. Employee benefit programs	
15. Insurance (other than health)	
16. Interest (mortgage and other)	
17. Legal and professional services	
18. Office expense	
19. Pension and profit-sharing plans	
20. Rent or lease (vehicles, machinery, equipment, real estate)	
21. Repairs and maintenance	
22. Supplies	
23. Taxes and licenses	
24. Travel, meals, and entertainment	
25. Utilities	
26. Wages (less employment credits)	
27. Other expenses (specify):	
28. Total expenses (add lines 8 through 27)	

EXPENSE CATEGORY	AMOUNT
29. Net profit or (loss) (subtract line 28 from line 7)	

PART III: COST OF GOODS SOLD (IF APPLICABLE)	
30. Inventory at beginning of year	
31. Purchases less cost of items withdrawn for personal use	
32. Cost of labor, materials, and other costs	
33. Add lines 30 through 32	
34. Inventory at end of year	
35. Cost of goods sold (subtract line 34 from line 33)	

Taxpayer Signature

Date:

Preparer Signature (if applicable)

Date: