

**PART I: GENERAL INFORMATION**

|   |  |  |  |
|---|--|--|--|
| NAME OF PROPRIETOR  |  | SOCIAL SECURITY NUMBER   |  |
| BUSINESS NAME (IF DIFFERENT FROM ABOVE)                         |  | EMPLOYER IDENTIFICATION NUMBER (EIN)   |  |
| BUSINESS ADDRESS (NUMBER, STREET, SUITE, CITY, STATE, ZIP CODE) |  |  |  |
| PRINCIPAL BUSINESS ACTIVITY / PROFESSIONAL CODE                 |  | ACCOUNTING METHOD<br><input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other |  |

**PART II: GROSS 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 profit (subtract line 4 from line 3) |        |
| 6   | Other income                               |        |
| 7   | <b>Gross Income (add lines 5 and 6)</b>    |        |

**PART III: EXPENSES**

| No. | Expense Category   | Amount |
|-----|--|--------|
| 8   | Advertising  |        |
| 9   | Car and truck expenses                                   |        |
| 10  | Commissions and fees                                     |        |
| 11  | Depreciation and section 179 expense                     |        |
| 12  | Employee benefit programs                                |        |
| 13  | Insurance (other than health)                            |        |
| 14  | Interest on business indebtedness                        |        |
| 15  | Legal and professional services                          |        |
| 16  | Office expense   |        |
| 17  | Rent or lease (vehicles, machinery, equipment, property) |        |
| 18  | Repairs and maintenance                                  |        |
| 19  | Supplies (not included in Part IV)                       |        |
| 20  | Taxes and licenses                                       |        |
| 21  | Travel, meals, and entertainment                         |        |
| 22  | Utilities  |        |

| No. | Expense Category                               | Amount |
|-----|--|--------|
| 23  | Wages (less employment credits)                |        |
| 24  | Other expenses                                 |        |
| 25  | <b>Total Expenses (add lines 8 through 24)</b> |        |

**PART IV: NET PROFIT OR LOSS**

|    |  |  |
|----|--|--|
| 26 | <b>Net Profit or Loss</b> (Subtract line 25 from line 7) |  |
|----|--|--|

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, it is true, correct, and complete.

\_\_\_\_\_  
SIGNATURE OF PROPRIETOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PREPARER SIGNATURE (IF APPLICABLE)