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**Business or Professional Expenses
 Profit & Loss Worksheet
 (Omit Cents)**

Name of Business: _____	Gross Income (provide any 1099's)	\$
Address: _____	Principal Business Activity: _____	
City _____ State _____ Zip _____	Product or Service: _____	

Costs of Goods Sold

Beginning Inventory	\$	Materials & Supplies	\$
Purchases	\$	Other Costs	\$
Labor	\$	Ending Inventory	\$

Expenses

Accounting	\$	Overnight Expenses	\$
Advertising	\$	Parking	\$
Answering Service	\$	Postage	\$
Bank Charges	\$	Rent – Business Property	\$
Business Mileage		Rent – Vehicle/Mach./Equipment	\$
Cash Shortages	\$	Repairs	\$
Cell Phone	\$	Salaries & Wages	\$
Collection Expenses	\$	Security & Safety	\$
Commissions	\$	Storage	\$
Dues & Publications	\$	Supplies	\$
Education Expense	\$	Tax – Business Property	\$
Employee Benefits	\$	Tax – Payroll	\$
Equipment Rental	\$	Tax – Sales	\$
Freight	\$	Telephone	\$
Insurance: List Type _____	\$	Tools	\$
Interest – Mortgage	\$	Uniforms	\$
Interest – Other	\$	Utilities	\$
Internet/DSL	\$	Other:	\$
Janitorial Services	\$		\$
Laundry/Cleaning	\$		\$
Legal/Professional Fees	\$		\$
Licenses & Permits	\$	Depreciable Items: Such as Equipment, Furniture, Computer, etc. Provide list with cost and date purchased.	
Maintenance	\$	Item: _____	Date: _____ \$
Meals & Entertainment	\$	Item: _____	Date: _____ \$
Miscellaneous	\$	Item: _____	Date: _____ \$
Office Supplies		Item: _____	Date: _____ \$

Business Use of Home

Total Area of Home	Sq/Ft	Rent Paid for Year	\$
Area Used Exclusively for Business	Sq/Ft	Repairs & Maintenance	\$
Improvement to Home Office	\$	Utilities	\$
Insurance – Homeowners/Renters	\$	Other Specify: _____	\$
Mortgage Interest	\$	Other Specify: _____	\$
Real Estate Taxes	\$	Other Specify: _____	\$

Vehicle Expenses

Year, Make, & Model of Vehicle:	Total Mileage	
Date First Used for Business:	Business Mileage	
Type of Vehicle: Car, Van, Truck:	Commuting Mileage	
	Personal Mileage	