



PROFIT or LOSS FROM A BUSINESS – PAGE 1

Taxpayer Name: _____

Business Name: _____

Business Address: _____

Gross Receipts or Sales: _____

Returns/Refunds: _____

EXPENSES

Advertising	_____	Rent (Other)	_____
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Auto Expenses	<u>See page 2</u>	Repairs	_____
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Commissions/Fees	_____	Supplies	_____
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Contract Labor	_____	Taxes and Licenses	_____
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Employee Benefits	_____	Travel	_____
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Insurance (Business)	_____	Meals	_____
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Insurance (Health)	_____	Utilities (non-home office)	_____
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Interest	_____	Wages	_____
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Legal/Professional	_____	Business Portion of Cell Phone	_____
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Office Expenses	_____	Other (List)	_____
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Pension / SEP	_____	_____	_____
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Rent (Office)	_____	_____	_____
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Large Expenditures:	<u>See page 2</u>	_____	_____
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San Diego
Tax Associates

PROFIT or LOSS FROM A BUSINESS – PAGE 2

AUTO EXPENSES

Description of Vehicle _____ Date Placed in Service _____

Vehicle Available Off-Duty Hours? Yes ☐ No ☐

Do You Have Another Vehicle? Yes ☐ No ☐

Do you Have Written Evidence? Yes ☐ No ☐

Please only include miles that are **business-related**. Driving to and from the same job site is generally not considered business mileage. Those are considered commuting miles.

Business Miles: _____ Commuting Miles: _____ Other Miles: _____

Vehicle Expenses :

Garage Rent	_____	License	_____	Tolls	_____
Gas	_____	Parking	_____	Other (List)	_____
Insurance	_____	Rental	_____		_____
Interest	_____	Repairs	_____		_____

HOME OFFICE EXPENSES

Total Square Footage of Home _____ Square Footage Exclusive to Office _____

Item	Amount	Item	Amount	Other	Amount
Insurance		Taxes			
Interest		Utilities			
Rent		Internet			
Repairs/Maintenance		HOA			

LARGE EXPENDITURES – Did you purchase any “big ticket items” like computers, machinery, equipment? Do not list on page 1. Provide details below on purchase price, date of purchase and description of item(s).

Provide additional pages for more items