



San Diego
Tax Associates

PROFIT or LOSS FROM A BUSINESS – PAGE 1

Taxpayer Name: _____

Business Name: _____

Business Address: _____

Gross Receipts or Sales: _____ Returns/Refunds: _____

EXPENSES

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



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