

SCHEDULE OF INCOME FROM BUSINESS OR PROFESSION

Year _____

| | |
|--------------------|---------------------------------------|
| Name: | Social Security or Identification No. |
| Business Name: | |
| Address: | Business Code: |
| Business Activity: | Product: E.I.#: |

| | | |
|--|-----|--|
| Gross receipts or sales | | |
| Less: Returns and allowances | () | |
| Net Sales | | |
| Less: Cost of Goods Sold and/or Operations | | |
| Inventory at beginning of year | | |
| Purchases | | |
| Cost of items withdrawn for personal use | () | |
| Balance | | |
| Cost of labor | | |
| Materials and supplies | | |
| Other costs (attach schedule) | | |
| Balance | | |
| Inventory at end of year | () | |
| Cost of goods sold | | |
| Gross Profit | | |
| Other Income | | |
| Total Income | | |

Operating Expenses:

| | | | |
|--|--|---|--|
| 1 Advertising | | 23 a Wages | |
| 2 Car and truck expenses (need org.) | | b Job credit | |
| 3 Commissions and Fees | | c Subtract line 23b from 23a... | |
| 4 Contract Labor | | 24 Other expenses (specify): | |
| 5 Depletion | | a Bank charges | |
| 6 Depreciation | | b Dues | |
| 7 Employee benefit programs | | c Freight | |
| 8 Insurance (other than health) | | d Subscriptions | |
| 9 Interest-mortgage | | e Bad Debt from Sales | |
| 10 Interest-other | | or services (accrual only) | |
| 11 Legal and professional services | | f | |
| 12 Office supplies & postage | | g | |
| 13 Pension and profit-sharing plans | | h | |
| 14 Rent or Lease | | i | |
| a) Machinery & Equipment | | j | |
| b) Other Business Property | | k | |
| 15 Repairs and Maintenance | | l | |
| 16 Supplies | | Self Employed Health Ins. Prem. | |
| 17 Taxes and Licenses | | | |
| 18 Travel | | Total mileage for vehicle this year | |
| 19 Meals | | Total business mileage | |
| 20 Entertainment | | Total commuting mileage | |
| 21 Telephone | | Parking fees/tolls | |
| 22 Utilities | | (If more than 1 vehicle was used in this business, must have separate information on each vehicle.) | |

SCHEDULE OF DEPRECIATION

TOTAL OPERATING EXPENSES NET INCOME (LOSS)

| 1. Kind of Property (if buildings state material of which constructed) Exclude land and other Nondepreciable property | 2. Date Acquired | 3. Cost or Other Basis | 4. Land or Salvage Value | 5. Adjusted Cost Basis | 6. Depreciation allowed (or allowable) in other yrs. | 7. Remaining Cost | 8. Method | Rate (%) or Life (years) | 10. Depreciation For This Year |
|---|------------------|------------------------|--------------------------|------------------------|--|-------------------|-----------|--------------------------|--------------------------------|
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OFFICE IN HOME EXPENSE

AVAILABLE TO:

- A) Day Care Providers
- B) Regional Sales Representatives without an established office.
- C) Sole Proprietors

| | AMOUNT |
|---|--------|
| PART A | |
| 1. Area of home used for business | |
| 2. Total area of home | |
| 3. % used for business (divide line 1 by line 2) | |
| PART B | |
| 4. Gross income from business use of home | |
| 5. Mortgage Insurance | |
| Mortgage Insurance Premium | |
| Excess Mortgage Interest | |
| Real Estate Taxes | |
| Casualty losses | |
| 6. Total | |
| 7. Deduction Limitation (line 4 less line 6) | |
| 8. Insurance | |
| Rents | |
| Repair & Maintenance | |
| Lights | |
| Heat | |
| Water / Sewer | |
| Exterior Painting | |
| Landscaping | |
| Other | |
| Repairs to business portion only | |
| Painting & decorate to business portion only | |
| Other expenses for business portion only | |

NOTES:

If any deductions are being claimed on this return for Travel, Entertainment, Automobile Expenses or any other listed property, (i.e. cellular phones, computers, etc.), taxpayer(s) acknowledge(s) that proper records are being maintained to substantiate these deductions.

X _____
(TAXPAYER'S SIGNATURE)