

Pamela Price EA Inc.

Pamela Price EA & Bill Frischman EA

Enrolled to practice before the Internal Revenue Service

2014 GENERAL BUSINESS

INCOME

- **GROSS RECEIPTS** _____
- **AMOUNT OF RETURNS AND ALLOWANCES** _____

COST OF GOODS SOLD

- **BEGINNING INVENTORY** _____
- **MERCHANDISE PURCHASED** _____
- **ENDING INVENTORY** _____

DEDUCTIONS

- **UNION DUES** _____
- **TAX PREPARATION** _____
- **AUTO EXPENSE :** _____

	<u>Year, Make, Model</u>	<u>Date Acqrd</u>	<u>Odometer Reading</u>	<u>Date Taken</u>
Vehicle #1:	_____	_____	_____	_____
Vehicle #2:	_____	_____	_____	_____

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Total miles driven	_____	_____
Total miles for business	_____	_____
Gas, oil, and lubrication	_____	_____
Repairs	_____	_____
Tires/Batteries/Supplies	_____	_____
Insurance	_____	_____
Lease cost	_____	_____
Wash and wax	_____	_____
Auto club	_____	_____
Loan interest (Schedule "C")	_____	_____
License (DMV Renewal)	_____	_____
Sales tax (if you purchased a car)	_____	_____
Parking	_____	_____

NOTE: Two vehicles are listed when a replacement is purchased in the course of the year or when two cars are used concurrently. Please bring purchase papers on newly acquired vehicles.

- **TRAVEL:** Note cities and number of days: _____

Air Fares	_____	Cost of Lodging	_____
Meals	_____	Tips & Baggage	_____
Laundry & cleaning	_____	Telephone	_____
Local Transportation	_____	Other	_____

(Taxis, subways, car rental, cost to and from airports)

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2014 GENERAL BUSINESS - page 2

- ACCOUNTING _____
- ADVERTISING _____
- ANSWERING SERVICE/BEEPER _____
- BANK CHARGES (Only if you have a business account) _____
- BUSINESS GIFTS (Limited to \$25 per gift, per person) _____
- COMMISSIONS _____
- DUES AND PUBLICATIONS _____
- ENTERTAINMENT (Business meeting in restaurants, etc.) _____
- EQUIPMENT RENTAL _____
- FREIGHT/DELIVERY _____
- INSURANCE _____
- JANITORIAL SERVICES _____
- LEGAL AND PROFESSIONAL FEES _____
- LICENSES AND PERMITS _____
- MAINTENANCE _____
- OFFICE SUPPLIES _____
- OFFICE IN HOME (Total amount of rent) _____
- ONLINE SERVICES _____
- OUTSIDE SERVICES (Fees you paid to others) _____
- PENSION AND PROFIT SHARING PLANS (Not IRAs) _____
- POSTAGE _____
- PRINTING _____
- RENT ON BUSINESS PROPERTY _____
- REPAIRS TO EQUIPMENT OTHER THAN CAR _____
- SALARIES AND WAGES _____
- STORAGE _____
- SUPPLIES _____
- TAXES (This could be business, property, payroll, or sales. List type & amount) _____
- TELEPHONE _____
- UNIFORMS _____
- UTILITIES _____

• **BUSINESS EQUIPMENT:**

TYPE OF EQUIPMENT	PURCHASE DATE	COST
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Others you don't see a place for, questions, and notes:
