

Pamela Price EA Inc.

Pamela Price EA & Bill Frischman EA
Enrolled to practice before the Internal Revenue Service

2015 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 : _____

	Year, Make, Model	Date Acqrd	Odometer Reading	Date Taken
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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- ACCOUNTING _____
 - ADVERTISING _____
 - 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 _____
 - INTERNET ACCESS _____
 - INSURANCE _____
 - JANITORIAL SERVICES _____
 - LEGAL AND PROFESSIONAL FEES _____
 - LICENSES AND PERMITS _____
 - OFFICE SUPPLIES _____
 - OFFICE IN HOME: Total square footage of your home _____
 Square footage of office _____
- If you own I need a property tax bill to allocate structure against the land
 If you rent I need total Rent for year _____
 Insurance _____
 Utilities _____

Note: To claim HOME OFFICE it should be your principal office for the activity

- ONLINE SERVICES _____
 - OUTSIDE SERVICES (Fees you paid to others) _____
 - 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 FOR OUTSIDE OFFICE _____
- BUSINESS EQUIPMENT:
- | TYPE OF EQUIPMENT | PURCHASE DATE | COST |
|-------------------|---------------------|-------|
| _____ | ____/____/____/____ | _____ |
| _____ | ____/____/____/____ | _____ |
| _____ | ____/____/____/____ | _____ |

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