

Pamela Price EA Inc.

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

2022 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: Please sure to give us your odometer reading.

	<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 for this business activity. **Please upload purchase or lease papers on newly acquired vehicles.**

TRAVEL: List city AND number of days per city: _____

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 _____
- ANSWERING SERVICE/VOICEMAIL _____
- BANK CHARGES (Only if you have a business account) _____
- BUSINESS GIFTS (Limited to \$25 per gift, per person) _____
- COMMISSIONS _____
- DUES & PUBLICATIONS _____
- ENTERTAINMENT (Business meetings ONLY) _____
- EQUIPMENT RENTAL _____
- FREIGHT/DELIVERY _____
- INSURANCE _____
- INTERNET _____
- JANITORIAL SERVICES _____
- LEGAL & PROFESSIONAL FEES _____
- LICENSES & PERMITS _____
- MAINTENANCE _____
- OFFICE SUPPLIES _____
- OFFICE IN HOME (Total amount of rent) _____
- ONLINE SERVICES (No streaming services) _____
- OUTSIDE SERVICES (Fees you paid to others) _____
- PENSION & PROFIT SHARING PLANS (Not IRAs) _____
- POSTAGE _____
- PRINTING _____
- RENT ON BUSINESS PROPERTY _____
- REPAIRS TO EQUIPMENT OTHER THAN CAR _____
- SALARIES & 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:
