

Business Income and Expenses

GENERAL INFORMATION	
1	Check ownership <input type="checkbox"/> Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint
2	Business name
3 a	Business street address.....
b 1	City, State and Zip Code, or
2	Foreign country.....
4	Principal business/profession
5	Employer ID number.....

INCOME		
17	Gross receipts or sales.....	
18	Returns and allowances plus other adjustments.....	
19	Other income (include federal/state gas tax credit/refund)	

COST OF GOODS SOLD – IF APPLICABLE		
20	Inventory at beginning of year	
21	Purchases	
22	Items withdrawn for personal use	
23	Cost of labor (do not include your salary)	
24	Materials and supplies	
25	Other costs	
26	Inventory at end of year.....	

