## **Business Income and Expenses**

ORG19

	GENERAL INFORMATION			
1	Check ownership			
2	Business name			
3 a	a Business street address			
k	of City, State and Zip Code, or	_		
	2 Foreign country			
4	Principal business/profession			
5	Employer ID number			
6	Business code (Preparer Use Only)	Yes No		
7				
17 18 19	Returns and allowances plus other adjustments	2014		
	COST OF GOODS SOLD — IF APPLICABLE	2014		
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 Items withdrawn for personal use			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			

Business name  27 Advertising		EXPENSES	2014
27 Advertising		Business name	
29 Commissions and fees	27		
30 Contract labor	28	Car and truck expenses (complete ORG18)	
31 Depletion	29	Commissions and fees	
32 Depreciation and Section 179 deduction (Preparer Use Only).  33 Employee benefit programs:  a Employee health insurance premiums  b Other employee benefit programs  41 Insurance (other than health).  35 Self-employed health insurance attributable to this business.  36 Interest:  a Mortgage paid to banks not reported to you on Form 1098.  b Other  37 Legal and professional services.  38 Office expenses.  39 Pension and profit-sharing plans.  40 Rent or lease:  a Machinery and equipment (enter vehicle lease on ORG18)  b Other business property.  41 Repairs and maintenance.  42 Supplies (not included in cost of goods sold).  43 Taxes and licenses not reported to you on Form 1098.  44 Travel, meals, and entertainment:  a Travel.  b Meals and entertainment subject to 50% limit  c Meals subject to 80% limit.  d Meals and entertainment not subject to limit.  45 Utilities.  46 Gross wages	30	Contract labor	
33 Employee benefit programs: a Employee health insurance premiums b Other employee benefit programs  34 Insurance (other than health)	31	Depletion	
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