

Ernest Palmer Tax Services

A. General Information

1. First Year in Business: _____
2. Name of Proprietor: _____
3. Type of Business: _____
4. Business Name: _____
5. Business Address: _____
6. City, State, Zip: _____
7. Employer Identification Number: _____ (or write NONE)

B. Income

1. Gross Receipts or Sales? \$ _____
2. Returns & Allowances: \$ _____
3. Other Income: \$ _____

C. Capital Expenses:

Please list any equipment purchases made in 2008:

Item	Date Purchased	Amount Paid

Please list any equipment sold in 2008:

Item	Date Sold	Amount of Sale

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D. Expenses

1. Advertising: _____
2. Car & Truck Expenses / Mileage: _____
3. Commissions: _____
4. Insurance (other than Health): _____
5. Health Insurance Premiums for Self-Employed: _____
6. Mortgage Interest (paid to banks, etc.): _____
7. Other Interest: _____
8. Legal and Professional Service: _____
9. Office Expense: _____
10. Pension and Profit Sharing Plans: _____
11. Rent - Vehicles, Machinery & Equipment: _____
12. Rent - Other Business Property (including place of business) _____
13. Repairs: _____
14. Supplies: _____
15. Taxes - Real Estate: _____
16. Taxes - Other (Sales, etc.): _____
17. Travel: _____
18. Total Meals and Entertainment: _____
19. Utilities: _____
20. Wages: _____
21. Other Expenses: _____

E. Cost of Goods Sold (if applicable)

1. Inventory at Beginning of the Year: \$ _____
2. Inventory at End of the Year: \$ _____
3. Purchases: \$ _____
4. Cost of Items for Personal Use: \$ _____
5. Cost of Labor: \$ _____
6. Materials and Supplies: \$ _____
7. Other Costs: \$ _____

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