

# 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 2010:

Item	Date Purchased	Amount Paid

Please list any equipment sold in 2010:

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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