

Business Name: _____

Contact Name: _____ Phone: _____

TOTAL RECEIPTS & BUSINESS EXPENSE SUMMARY

Tax Year: _____ or TAX PERIOD FROM _____ TO _____

ACCOUNT NAME	AMOUNT YTD
GROSS RECEIPTS: Credit Card Receipts	
GROSS RECEIPTS: CASH/CHECKS RECEIPTS	
OTHER INCOME: (1099-MISC, Commissions. etc.)	
TOTAL GROSS RECEIPTS:	
COST OF GOODS SOLD:	
GROSS INCOME:	
08. ADVERTISING	
09. CAR EXPENSES: MILEAGE FOR BUSINESS USE X 56.5 CENTS	
10. COMMISSIONS AND FEES	
13. DEPRECIATION	
15. INSURANCE - BUSINESS LIABILITIES	
15. INSURANCE - WORKERS COMP INSURANCE	
16. INTEREST EXPENSE	
17. LEGAL FEES - ATTORNEYS FEES	
17. PROFESSIONAL FEES	
18. OFFICE EXPENSE	
20. RENT EXPENSE (STORE RENTS)	
21. REPAIRS AND MAINTENANCE	
22. SUPPLIES	
23. BUSINESS PROPERTY TAX	
23. BUSINESS LICENSE	
23. PERMITS	
25. UTILITIES (ELECTRICITY, GAS, TRASH)	
27. OTHER DEDUCTIONS: (SEE ATTACHED)	
TOTAL EXPENSES:	
NET PROFIT:	

Scan and email to: info@csutax.com Fax this form to: 1 (714) 531-3633 * John Pham & Co. Tel. 1 (714) 531-3637

Form Designed by: John Pham & Co. 14541 Brookhurst Street, Suite C1. Westminster, CA 92683

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27. OTHER EXPENSES OR DEDUCTIONS:	
26. WAGES	
23. PAYROLL TAXES	
27. TELEPHONE	
27. BANK CHARGES	
27. BANK CARD FEES	
27. ALARMS	
TOTAL OTHER DEDUCTIONS:	

LIST OF FURNITURE, FIXTURE & EQUIPMENT BOUGHT

[illegible]