

BUSINESS EXPENSE FORM

PROFIT & LOSS STATEMENT

IFN Business & Tax Services, LLC

Business Details

Name of Business owner:		Social Security Number:	
Business Name:		Business Phone number:	
Cell Phone:		Email:	
Principal Business or Profession:			
Business NAICS Code:			
Business Address:			
Business Start Date:			
Business EIN (Employer ID Number):			
Tax Filing Year:			
Gross Income:		Received 1099NEC, MISC, or K	<input type="checkbox"/> Yes <input type="checkbox"/> No

Business Entity Type:

- Sole Proprietorship /Single Member LLC (SCH C)
 S-CORP (1120S)
 C-CORP (attach shareholders information)
- Partnership LLC (1065) (attach each members information). If a new client attach two previous year's tax return
- If a new business attach Articles of incorporation or Organization and shareholders information

Business Expenses:

Advertising	\$	Other	\$	
Car & truck expenses	\$	Other	\$	
Commissions & fees	\$	Other	\$	
Business Insurance (other than health)	\$	Other	\$	
Contract labor expense (1099-NEC)	\$	Other	\$	
Dues & Subscription	\$	Other	\$	
Business Rent Expense	\$	Other	\$	
Interest expense	\$	Other	\$	
Officer Salaries & wages	\$	Other	\$	
Employee Salaries & wages (W-2)	\$	Other	\$	
Legal & professional services	\$	Other	\$	
Office expense	\$	Other	\$	
Machinery, equipment & other business property	\$	Other	\$	
Repairs	\$	Other	\$	
Supplies	\$	Total cost of asset in the year it was placed in service		PURCHAED DATE
SAA (subscription software)	\$			
Taxes & Licenses	\$	Computer Software	\$	
Travel (airline, auto rental, lodging)	\$	Computer Peripheral	\$	
Meals & entertainment	\$	Furniture	\$	
Miscellaneous expenses	\$	Fixtures /Machinery	\$	
Business utilities	\$	Business Vehicle	\$	
Telephone land line (business only)	\$	Year: Make: Model:		
Telephone (Cell)	\$	Date placed in business service:		
Toll & Parking	\$	Business miles		
Internet	\$	Commuting miles		
Total Business Expense:	\$ 0			

Signature: _____

Date: _____