

(218) 829-3501

## B. Johnson & Assoc., Ltd. certified public accountants

Nisswa Office

Income & Expense From Business Or Profession

	Basic Information			
Proprietor's Name	Year			
Business Name	 Federal ID #			
Business Address	State ID #			
	Accounting Method	Cash	Accrual	
Business Activity	Do you own inventories?	Yes	No	
	Number of months in operation?			
Income (not including sales tax)	Cost of G	oods Sold		
Sales or Receipts from	Beginning Inventory			
Merchant Card and 3rd Party	Purchases			
Sales or Receipts from	Items Withdrawn For			
Non-Merchant Card Networks	Personal Use	(		)
Other Income (Describe):	Freight-In	· · · · ·		,
	Other Costs (Describe):			
Sales Returns				
Total Income	End of Year Inventory	(		)
	Cost of Goods Sold	<b>`</b>		
	Expenses			
Advertising	Supplies and Small Tools			
Bad Debts (Accrual)	Taxes and Licenses:			
Bank Charges	Real Estate			
Commissions	Employer FICA			
Employee Benefits:	State Unemployment			
Pension Plans	Federal Unemployment			
Other:	Licenses			
Insurances	Sales Tax if Included in Income			
General and Liability	Other:			
Worker's Compensation	Travel and Lodging			
Health Insurance for Yourself	Meals and Entertainment			
Health Insurance for Employees	Utilities			
Interest Expenses:	Telephone			
Mortgage Paid to Banks	Wages and Salaries			
Other:	Auto and Truck Expense			
	(Complete the required information	n on back)		
Legal and Accounting	Other Expenses (Describe):	,		
Office Expenses				
Rents on Equipment				
Rents - Bldgs and Other				
Repairs and Maintenance				
	Total Expenses			
Equipment, Building	gs, and Vehicles Purchased/Traded During The Ye	ar		
	ase and trade documents - note if new or used)			
Item Description (New or Used?)	Date Placed In Service		Cost	

*If you are deducting expenses for cars or trucks and home office, fill in the required information on back. Reminder: Due date for Forms 1099, W-2, 941, 940, and CRP is January 31. Please call with questions.* 

Rental Income	Office In Home		
Address of Rental	Describe Business Conducted in Home Office		
Total Rents Received    Rental Expense:    Advertising    Auto and Travel (See Below)    Painting and Cleaning    Insurance	If you maintain a home office used exclusively in your trade or business on a regular and continuing basis as your principal place of business, a regular place to meet customers or the place you perform your administrative duties, you may be entitled to deduct a portion of your expenses.		
Interest Paid Banks	Total Area Used for Business		
Management Fees Other (Describe): Major Improvements or Furnishings : Item Description Date Purchased Cos (New or Used?)	Office Equipment Purchased: (Other than equipment purchases listed on the bottom of the reverse side of this sheet) st Item Description Date Purchased Cost (New or Used?)		

## Business Use of Automobile

If you are required to use your vehicle in your employment, business or rental, provide the following information. (Mileage is deductible @ \$.58.5 per mile 1/1-6/30 AND \$.62.5 per mile 7/1-12/31) Retain the required mileage log and/or receipts with your tax records.

	Auto #1	Auto #2	Auto #3
1) Date placed in service			
2) Total miles driven during the year			
3) Total number of business miles 1/1-6/30:			
4) Total number of business miles 7/1-12/31:			
5) Average daily round trip commuting miles			
6) Total commuting miles for the year			
7) Is another vehicle available for personal use?	Y N	Y N	Y N
8) Was any employer provided vehicle available for			
personal use in off duty hours?	Y NN/A	Y N N/A	Y NN/A
9) Do you have adequate records or sufficient evidence			
to justify these deductions?	Y N	Y N	Y N
10) If yes, is the evidence written?	Y N	Y N	Y N
Actual Expenses:	Auto #1	Auto #2	Auto #3
Gas			
Oil and Grease			
Repairs			
Tires			
Washing			
Parking			
Insurance			
Lease Payments			
Interest			
Licenses			