

* Please note, you do not need to provide 2020 amounts.

* Do not enter commas (,) when entering amounts - formatting will be handled automatically.

Business Income, Cost of Goods Sold and Expenses

Business Name _____
 Principal Business or Profession _____
 Ownership Code _____
 Employer ID Number _____
 Street Address _____
 City, State, ZIP Code _____
 Accounting method: Cash, Accrual _____
 Indicate **X** if the business was fully disposed of in current year _____
 Method of inventory: Cost, Lower cost/market, Other _____

	2021 Amount	2020 Amount
Health Insurance premiums paid for yourself and your dependent		

Income

Gross Receipts or Sales	2021 Amount	2020 Amount
Less Returns and allowances		

Other Income

Cost of Goods Sold

	2021 Amount	2020 Amount
Beginning inventory		
Purchases less cost of items withdrawn for personal use		
Cost of labor		
Materials and supplies		
Other Cost of Goods Sold		
Ending Inventory		

Expenses

	2021 Amount	2020 Amount
Advertising		
Car and truck expenses		
Commissions		
Contract labor		
Employee benefit programs and health insurance		
Insurance (other than health)		
Interest - mortgage (paid to Banks etc.)		
Interest - other		
Legal and professional services		
Meals and entertainment subject to 50% limit		
Office expense		
Pension and profit-sharing plans		
Rent or lease - other business property		
Rent or lease - vehicles, machinery and equipment		
Repairs and maintenance		
Supplies		
Taxes and licenses		
Travel		
Utilities		
Wages		
Other Expenses		

