

Ernest Palmer, EA

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 last year:

Item	Date Purchased	Amount Paid

Please list any equipment sold last year:

Item	Date Sold	Amount of Sale

D. Expenses

- | | |
|--|-------|
| 1. Advertising: | <hr/> |
| 2. Car & Truck Expenses / Mileage: | <hr/> |
| 3. Commissions: | <hr/> |
| 4. Insurance (other than Health): | <hr/> |
| 5. Health Insurance Premiums for Self-Employed: | <hr/> |
| 6. Mortgage Interest (paid to banks, etc.): | <hr/> |
| 7. Other Interest: | <hr/> |
| 8. Legal and Professional Service: | <hr/> |
| 9. Office Expense: | <hr/> |
| 10. Pension and Profit Sharing Plans: | <hr/> |
| 11. Rent - Vehicles, Machinery & Equipment: | <hr/> |
| 12. Rent - Other Business Property (including place of business) | <hr/> |
| 13. Repairs: | <hr/> |
| 14. Supplies: | <hr/> |
| 15. Taxes - Real Estate: | <hr/> |
| 16. Taxes - Other (Sales, etc.): | <hr/> |
| 17. Travel: | <hr/> |
| 18. Total Meals and Entertainment: | <hr/> |
| 19. Utilities: | <hr/> |
| 20. Wages: | <hr/> |
| 21. Other Expenses: | <hr/> |

E. Cost of Goods Sold (if applicable)

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| 1. Inventory at Beginning of the Year: | <hr/> |
| 2. Inventory at End of the Year: | <hr/> |
| 3. Purchases: | <hr/> |
| 4. Cost of Items for Personal Use: | <hr/> |
| 5. Cost of Labor: | <hr/> |
| 6. Materials and Supplies: | <hr/> |
| 7. Other Costs: | <hr/> |