

Income & Expenses

GROSS RECEIPTS AMOUNT RECEIVED				
1099 MISC	\$			
1033 141130	\$			
EXPENSES	AMOUNT PAID			
Advertising	7			
Yellow Pages:	\$			
Other:	\$			
Car & Truck Expense (standard & actual miles)				
Year/Make/Model of Car:				
Total Miles Driven for Year:				
Total Business Miles for Year:				
Total Commuting Miles for Year:				
Car & Truck Expense (actual miles only)				
Lease Payment:	\$			
Gas:	\$			
Maintenance & Repairs:	\$			
Insurance:	\$			
Taxes:	\$			
Professional Fees & Dues	,			
Association Dues:	\$			
License:	\$ \$ \$			
Chamber of Commerce:	Š			
Other:	\$			
Insurance (Other than self-employed health)	T			
E&O:	\$			
Other:	\$			
Legal & Professional Services				
Attorney:	\$			
Accountant:				
Consultants:	\$ \$			
Bookkeeper:	\$			
Office Expenses				
Voice Mail:	\$			
Computer Software:	\$			
Courier Service:	\$			
Clerical Service:	\$			
Furniture (cost, date purchased & description):				
Equipment: (cost, date purchased & description):	\$			
Rent (if you are using a room in your home, Sq. Ft)	\$			
Repairs/Maintenance				
Equipment Repair:	\$			
Computer Repair	\$			
Office Cleaning:	\$			
Other:				

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Supplies	
Pens/Paper:	خ
Briefcase:	4
Business Cards	\$ \$ \$
Greeting Cards:	2
Cleaning Supplies	3
Other:	
Other Expenses:	خ
Postage:	\$ \$
Stationary/Business Cards:	\$ \$
Bank Charges:	\$ \$
Marketing/Public Relations:	\$ \$
Photocopy Expense:	\$
Publications/Subscriptions:	\$
Gifts:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Telephone (other than 1st line):	\$ -
Cell Phone:	\$
Internet:	\$
Cost of Goods Sold:	
Beginning Inventory (1/1/18)	\$
Ending Inventory (12/31/18)	\$
Purchases (used to make something –	\$
Material and Supplies)	\$ \$ \$
Permits:	\$
Uniforms:	
Continuing Education:	
Course Registration:	\$
Correspondence Course Fees:	\$
Materials & Supplies:	\$ \$ \$ \$ \$
Reference Materials:	\$
Seminar Fees:	\$
Textbooks:	\$
Other:	\$
Travel Expense:	
Airfare:	\$ \$ \$ \$ \$ \$ \$
Tolls:	\$
Car Rental:	\$
Uber / Cab / Train / Buss	\$
Laundry:	\$
Lodging (don't include meals):	\$
Meals (don't include lodging):	\$
Parking:	\$

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Office In Home Expense:		
Total Sq. Ft of Home:		
Sq. Ft. of Office:		
Utilities:(total amount paid for the year)		
Gas:	\$	
Electric:	\$	
Oil:	\$	
Propane:	\$	
Repair/Maintenance:	\$	
Rent:	\$	
Mortgage Interest Paid:	\$ \$ \$ \$ \$ \$ \$	
Real Estate Taxes:	\$	
Qualified Insurance:	\$	
Taxes:		
Estimated Payments(Please note date & amount paid):	Federal	State
Due 4/17:	\$	\$
Due 6/15:	\$	\$
Due 9/17:	\$	\$
Due 1/15:	\$	\$
Payroll:	\$	\$
Property Tax:	\$ \$ \$ \$ \$ \$ \$	\$ \$ \$ \$
Business Entity Tax:	\$	\$
Foreign Taxes Paid To Countries (Provide List)	\$	7
Self Employed Health Insurance	\$	
Wages Paid		
Family Members:	\$	
Others:	\$	
Contract Labor:	\$ \$	
Commissions & Fees:	Ś	

You may complete this form in any of the following ways:

- 1) Manually
- 2) Download the form from www.MaryJoWalker.com and complete it as a fillable form to put in your tax envelope.

I have prepared this form to the best of my ability	and have provided the ta	x preparer with
any information that may support my Schedule C	. Taxpayer Initials:	Spouse:

Notes / Issues – please write below:

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