

# TAXPAYER NAME

# TAX YEAR



**Peace of Mind**  
Tax Services

Principal Business of Profession	
Business Name	
Employee ID Number (EIN)	
Business Address	
Accounting Method (Cash, Accrual, or Other (Specify))	
Did you participate in the operations of the business this year?	
When did you start or acquire this business?	
Did you or will you file Forms 1099? (Yes, No, or N/A)	

Description	Amount
Gross Receipts	
Cost of Goods Sold (If Applicable) <input type="checkbox"/> (Additional information will be requested.)	
<b>Expenses</b>	
Advertising	
Auto and Travel	
Mileage <input type="checkbox"/> or Actual Expenses <input type="checkbox"/> (Mark the box, if applicable. Additional Information will be requested.)	
Commissions and fees	
Contract labor	
Insurance (other than health)	
Interest: Mortgage (paid to banks, etc.) or Other (please specify)	
Legal and professional services	
Office expenses	
Rent or lease (vehicles, machinery, and equipment or other business property)	
Repairs and maintenance	
Supplies	
Taxes and licenses	
Travel, meals, and entertainment	
Utilities	
Other expenses (List below)	
Business Use of Home <input type="checkbox"/> (Mark the box, if applicable. Additional information will be requested.)	