

NAME: _____

BUSINESS SCHEDULE WORKSHEET

INCOME:	COST OF GOODS SOLD:
Gross Sales _____	Beginning inventory _____
Other income _____	Purchases for resale _____
. _____	Ending inventory _____

EXPENSES:	
Advertising _____	Repairs & maintenance _____
Business car expense _____ or Auto business mileage _____ miles	Supplies _____
Commissions _____	Taxes & licenses _____
Employee benefits _____	Travel expense _____
Insurance _____ (excluding your health ins.)	Meals & entertainment _____
Mortgage interest _____	Utilities & telephone _____
Other interest expense _____	Gross wages _____
Professional fees _____	Other business expenses: <u>Description:</u> _____ <u>Amount</u> _____
Office supplies & expenses _____ _____
Rent--Equipment _____ _____
Rent-Building _____ _____
. _____ _____
. _____ _____

DEPRECIABLE ASSETS ACQUIRED THIS YEAR:			
Date	Description	Cost	Item traded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____