



Expense Sheet for Small Business Owners

General Information:

Name of the Business: _____

Business Classification: Sole Proprietor__ Limited Liability Corporation__ C-Corp__ S-Corp__

Accounting Method: Cash__ Accrual__

Address: _____

City: _____ State: _____ Zip: _____

EIN: _____ or SSN: _____

How many employees do you have? _____

How many contractor have you hired? _____

Cost of Goods Sold: (*Disregard if you do not sell goods*)

Beginning Inventory for the Year: _____

Ending Inventory for the Year: _____

Cost of Goods Purchased or Manufactured: _____

Mark Up %: _____

Note:

If you produced real or tangible personal property or acquired property for resale, certain expenses attributable to the property generally must be included in inventory costs or capitalized. In addition to direct costs, producers of inventory property generally must also include part of certain indirect costs in their inventory.

Business Expenses:

Advertising:

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Business Miles Driven in the Year: _____ X .54 per mile = _____

Commissions & Fees:

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Contract Labor:

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Depreciable Items: (Computer, Desk, Car, Machinery, Printer, Furniture)

Type: _____ Cost _____ Date Purchased _____

Insurance:

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Legal & Professional Services: (Attorney Fees, Tax & Accounting Fees)

Type: _____ Cost for the Year\$ _____

Rentals: (ex. Trailer, Storage, Car, Machinery.)

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Travel: (Hotel Overnight stays for Business)

Location: _____ Cost\$ _____

Supplies: (ex. Cleaning Products, Cleaning Supplies, Toiletries)

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

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Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Office Expenses: (ex. Pens, Paper, Ink, Planner, Paper Clips.)

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Type: _____ Cost \$ _____ Quantity _____ Total \$ _____

Utilities: (ex. Cable, Internet, Phone.)

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Type: _____ Cost per Month\$ _____ Cost for the Year\$ _____

Miscellaneous Expenses: (ex. Post Office, Laundry, Work Clothing, Tools, and other business purchases.)

Description: _____ Total Cost \$ _____

What's Deductable?

- Mileage Driven
- Hotels
- Meals (Determine meals by listing your total overnight stays away from home)
- Insurance(s)
- Lease/ Rentals
- Utilities
- Hardware (Bluetooth headset, GPS)
- Licensing
- Continuing Education or Training
- Supplies
- Office Expenses (Staples or Office Depot)
- Tolls & Parking
- Subscriptions
- Advertising & Promotions
- Laundry
- Work Clothing

and any other business related expenses bought in the Tax Year



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