TIME PERIOD COVERING: FROM_____TO_____

COMPANY NAME: _____ EIN: ____-_____ BUSINESS TYPE: _____

COMPANY ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

COMPANY EMAIL: _____@_____ PHONE: ( )_____-_____

PERSON SIGNING FOR COMPANY: _____ FAX: ( )_____-_____

REGULAR INCOME: _____ MISC INCOME: _____ REFUNDS: _____

EXPENSES:

ACCOUNTING/TAX PREP		**LICENSES**	
ADVERTISING		**MEAL AND ENTERTAINMENT**	
ASSETS(LARGE PURCHASES)		**OFFICE EXPENSES**	
AUTO EXPENSES		**OFFICE PARKING**	
BAD DEBTS		**PAYROLL**	
BANK CHARGES		**PAYROLL TAXES**	
BUSINESS GIFTS		**PRINTING/COPYING**	
CHARITABLE		**POSTAGE**	
COMMISSION		**RENT (EQUIPMENT/BDLG, LAND)**	
COST OF GOODS SOLD		**REPAIRS AND MAINTENANCE**	
CREDIT/COLLECTION		**SALES TAX PAYABLE**	
COMPUTER SERVICES/SUPPLIES		**SECURITY**	
DELIVERY/FREIGHT		**SUPPLIES**	
DEPLETION		**TELEPHONE**	
DISCOUNTS GIVEN		**THEFT**	
DUES/SUBSCRIPTIONS		**TOOLS**	
EQUIPMENT RENTAL		**TRAINING/EDUCATION**	
INDEPENDENT CONTRACTORS		**BUSINESS TRAVEL EXPENSES**	
INSURANCE PREMIUMS		**UNIFORMS**	
INTEREST EXPENSE		**UTILITIES**	
JANITORIAL		**MISC:**	
LAUNDRY		**MISC:**	
LEGAL/PROFESSIONAL FEES		**TOTAL EXPENSES:**	