#1 Business - Income	& Expenses	
#1 Business - Income & Expenses		
Business Name:		
REQUIRED: If You Have Payroll-Provide for	rms 940, 941 and W3	
Income	Amounts	
All 1099s Received All Other Business Income-Not listed on a 1099 Total Business Income:		
Expenses	Amounts	
Advertising	Anounto	
Bank Charges		
Cell Phone Commission/Fees		
Computer/Internet		
Credit and Collection Charges		
Delivery		
Dues/Subscriptions		
Education/Training		
Equipment Rent		
Equipment Kent		
Insurance-Business		
Insurance-Medical		
Insurance-Vehicle(s)		
Insurance-Home		
nsurance-Life		
nterest		
Labor		
Laundry/Dry Cleaning		
Legal/Prof Fees		
Licenses		
Marketing		
Materials		
Meals/Ent		
Medical		
Office Expense Parking/ Tolls		
Postage		
Property Rent / Mortgage		
Repairs/Maint		
Sales & Promotional		
Supplies		
Taxes - Property		
Taxes - Local income Taxes - County		
Taxes - County Taxes-Franchise		
Taxes-Payroll		
Taxes-Sales tax paid		
Transportation\Airfare		
Travel accomodations		
Utilities		
Other-specify below:	XXXXXXXXXXXXXXXXXXXXXXXXXXX	
Total Expenses		
Auto Expenses - PLEASE FILL OUT AUTO EXPENSE TAB	xxxxxxxxxxxxxxxxxxx	

#2 Business - Income	
Business Name:	
REQUIRED: If You Have Payroll-Provide for	orms 940, 941 and W3
Income	Amounts
All 1099s Received	
All Other Business Income-Not listed on a 1099	
Total Business Income:	
Expenses	Amounts
Advertising	
Bank Charges	
Cell Phone	
Commission/Fees	
Computer/Internet	
Credit and Collection Charges Delivery	
Dues/Subscriptions	
Education/Training	
Equipment	
Equipment Rent	
Freight	
Insurance-Business	
Insurance-Medical	
Insurance-Vehicle(s)	
Insurance-Home	
Insurance-Life	
Interest Labor	
Laundry/Dry Cleaning	
Lease Payments	
Legal/Prof Fees	
Licenses	
Marketing	
Materials	
Meals/Ent	
Medical	
Office Expense	
Parking/ Tolls Postage	
Property Rent / Mortgage	
Repairs/Maint	
Sales & Promotional	
Supplies	
Taxes - Property	
Taxes - Local income	
Taxes - County	
Taxes-Franchise	
Taxes-Payroll	
Taxes-Sales tax paid	
Transportation\Airfare	
Travel accomodations	
Utilities Other-specify below:	****
Total Expenses	
Auto Expenses - PLEASE FILL OUT AUTO EXPENSE TAB	****

## AUTO EXPENSES PAGE

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Check if same vehicle as last year:				
If applicable, business it is used for:				
PLEASE ENTER THE INFORMATION	BELOW IF ADDING A N	EW VEHICLE THIS YEAR	R	
Year				
Make				
Model				
Purchase date				
Purchase price				
PLEASE COMPLETE THE FOLLOWIN	IG INFORMATION FOR	ALL VEHICLES		
Odometer Reading - Jan 1				
Odometer Reading - Dec 31				
Total Miles				
Business Miles				
Personal Miles				
Business Percentage				
ACTUAL EXPENSES				
Fuel				
Oil Changes				
Maintenance/Repairs				
Insurance				
Lease Payments				
Loan Payments				
OTHER				
Parking and Tolls				
Ad Valorem Tax				

## **US Travel Destination Page**

This page is for travel and work away from your home base inside the United States

Please provide the following information:

State	Major City	# of Days

For Independent Contractors deployed overseas, please fill out Overseas Travel tab

## **Overseas Travel Destination Page**

This page is for travel and work away from your home base outside of the United States

\*\*Under no circumstances should you compromise classified location information on this form

Please provide the following information:

Region	Major City (if not classified)	REQUIRED-# of Days

## For Independent Contractors deployed overseas, please include the the following items if applicable:

Other Expenses	Γ	Amount
Ammo		
Skype		
Visa Fee		
Foreign ATM charges		
Gear		
Supplements		
Health and Fitness		
Uniforms\Clothing		
Education and Training		
Other-specify below:		*****