

CLIENT NAME _____



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INCOME FROM BUSINESS OR PROFESSION – YEAR _____

Our records indicate that you have income from a business. Please complete this worksheet showing Income and Expenses.

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS ACTIVITY: _____

WAS BUSINESS IN OPERATION AT END OF YEAR? YES NO _____

HOW MANY MONTHS DID YOU OPERATE THE BUSINESS DURING THE YEAR? _____ MONTHS

(ESTIMATES ARE NOT ACCEPTABLE)

SALES OR COMMISSIONS EARNED (attach any 1099s received)..... \$ _____

PURCHASES (For Resale) / MATERIALS..... \$ _____

ENDING INVENTORY(December 31st)..... \$ _____

ADVERTISING	\$	SUPPLIES (Not Previously Included)	\$
NSF / UNCOLLECTABLE CHECKS		SUBCONTRACTORS*	
BANK CHARGES		PROPERTY TAXES (NOT your home)	
CAR AND TRUCK EXPENSES (if yes complete other side)		OTHER TAXES & LICENSES	
COMMISSIONS*		PAYROLL TAXES	
DUES AND PUBLICATIONS		TELEPHONE	
DELIVERY / FREIGHT		CELL PHONE	
EMPLOYEE HEALTH INSURANCE		ENTERTAINMENT**	
INSURANCE (other than Health or Life)		UTILITIES	
MORTGAGE INTEREST (NOT your home)		WAGES PAID (Employees Only)	
OTHER INTEREST		OTHER EXPENSES (Specify)	
LAUNDRY AND CLEANING		TRAVEL (Plane, Bus, Taxi)	
LEGAL AND PROFESSIONAL		LODGING WHILE AWAY FROM HOME	
OFFICE SUPPLIES & POSTAGE		MEALS WHILE OUT OVERNIGHT	
RENT ON BUSINESS PROPERTY*		OR NUMBER OF DAYS OUT OVERNIGHT	
REPAIRS *		EQUIPMENT PURCHASED (List on Back)	

*If you paid \$600 or more to any one individual, you must issue them a Form 1099.

All 1099s must be mailed to IRS and recipient by January 31st.

Do you need to issue Form 1099(s)? YES NO Have they been prepared? YES NO

If no, would you like us to prepare them for you? YES NO

**If audited you must have actual receipt and name of individual being entertained. Cancelled check is not sufficient.

(ESTIMATES ARE NOT ACCEPTABLE)

AUTOMOBILE EXPENSES - Date Auto Put In Service _____

Description of vehicle _____

Total miles on automobile for year _____

Total business miles on auto for year _____

*Gasoline, Oil, Lubrication _____

Interest _____

*Repairs _____

Auto Licenses _____

*Tires, Supplies _____

*Lease Payments _____

*Insurance _____

*Parking Fees & Tolls _____

Vehicle Registration (please attach) _____

*** Items not necessary if using standard mileage deduction.**

The IRS now requires proof of odometer readings from auto maintenance receipts, i.e, oil change, tire rotation.

All mileage must have a written log book. Please bring your log book with your tax information.

GENERAL INFORMATION: (This information is mandatory to complete your return if you claimed an auto expense)

- Average daily round trip from home to work _____
- Total commuting miles _____ miles.
- Other personal miles on vehicle _____ miles.
- Do you have other personal vehicles? Yes _____ No _____
- Do you have evidence to support your deduction? Yes _____ No _____

LIST EQUIPMENT PURCHASES

Date	Description	Cost

NOTES

All information for which I have receipts, canceled checks or other written evidence, is true and correct as furnished by the undersigned FERRO, WILLETT & THOMPSON, PLLP for the preparation of Schedule E and/or Form 1065 for the year ended December 31, _____. I understand that Ferro, Willett & Thompson, PLLP will not audit or verify the data submitted, although they at ask me to clarify it. I will contact you immediately, if a discover additional information that will lead to a change in my return, or if I receive any letters from the IRS or state taxing authorities.

Signature _____ Date _____