

Chicago Office
Tel. 708/583-0300

Lockport Office

Tel. 815/836-0100 Fax:815/836-0600

Summary of Income & Expenses provided by Taxpayer

Company Name			Tax	Yr	
Your Name					
E-mail			phor	ne #	
Bank account endir	ng balance as of December 31st:	\$			
Total gross income	(before expenses):	\$			
I Expenses					Amount
1 Officers compensa	tion			1	
2 Salaries and wages	S		[2	
3 Repairs and mainte	enance		[3	
				4	
	rd fees			5	
				6	
				7	
				8	
	compensation, liability, etc.)			9	
	ional consulting			10 11	
• .	•			12	
	inment				
				13	
_			- F	14	
15 Parking and tollways			-	15	
	mits			16	
	ery			17	
			-	18	
				19	
20 Small tools				20	
21 Travel expenses				21	
22 Uniforms			[22	
23 Utilities			[23	
24 Materials				24	
25 Outside services/s	subcontractors			25	
26 Office rent				26	
27 Payroll taxes				27	
28 Contributions/loar	ns made by owners/shareholders			28	
29 Distributions/witho	drawals of money by owners/shareholders	3		29	
II Other Expenses	s (specify)		-		
	e corporation in prior year			а	
	Report fee paid to the Secretary of State.			b	
C			ľ	С	
d				d	
е				е	

Si	gnature	Date	over ->

III Automobile Expenses		
a If you deduct actual expenses specify:		
• fuel		•
repairs & maintenance	L	•
registrations	-	•
• car wash	 -	
		
• insurance	 -	•
loan interest (only interest paid, not entire payment)	······ [•
b If you deduct miles specify:		
odometer reading as of January 1st	•	
 odometer reading as of December 31st 		•
total miles driven		•
business miles during this period		•
• is the vehicle purchased [] or leased []		•
	L	
IV Additional Expense List For Transportation Bu	usinesses	
1 Truck insurance		1
2 DOT inspections		2
3 Heavy Vehicle Highway Use Tax		3
4 IFTA		4
5 Loan interest (truck & trailer)/interest only, not entire payment		5
6 Transportation registrations & plates		6
7 Scales		7
8 Truck wash		8
9 Lumper service		9
10 Medical examination (occupational)	<u> </u>	10
11 Meals-per diem rates allowance	F	
a Full days (calculate days)	F	a
b Partial days (calculate partial days; ie departure	or arrival)	b
V Additional Information		
1 List of Assets: (equipment, tools cost \$500 or more)		
Description	Date of Purchase	
a	I Face of Face and Fa	а
b		b
C	1	C
d		d
е		е
List any vehicle and/or equipment loans used in busine *To get information listed below contact your bank (amoun		31st)
Asset/vehicle name	Interest poid	Dringinal balance
	Interest paid	Principal balance
a b	+	
C	+	
d	+	
e		
-	<u>. </u>	
Signature	Date	

You can find more worksheets at:

 $\underline{http://www.stecorporation.com/Client\%20Materials.php}$