

# Pamela Price EA Inc.

*Pamela Price EA & Associates*  
 Enrolled to practice before the Internal Revenue Service

## 2024 GENERAL BUSINESS

### INCOME

- **GROSS RECEIPTS** \_\_\_\_\_
- **AMOUNT OF RETURNS AND ALLOWANCES** \_\_\_\_\_

### COST OF GOODS SOLD

- **BEGINNING INVENTORY** \_\_\_\_\_
- **MERCHANDISE PURCHASED** \_\_\_\_\_
- **ENDING INVENTORY** \_\_\_\_\_

### DEDUCTIONS

- **UNION DUES** \_\_\_\_\_
- **TAX PREPARATION** \_\_\_\_\_

**AUTO EXPENSE:** Please sure to give us your odometer reading.

	Year, Make, Model	Date Acqrd	Odometer Reading	Date Taken
<b>Vehicle #1:</b>	_____	_____	_____	_____
<b>Vehicle #2:</b>	_____	_____	_____	_____

	<u>Vehicle #1</u>	<u>Vehicle #2</u>
Total miles driven	_____	_____
Total miles for business	_____	_____
Gas, oil, and lubrication	_____	_____
Repairs	_____	_____
Tires/Batteries/Supplies	_____	_____
Insurance	_____	_____
Lease cost	_____	_____
Wash and wax	_____	_____
Auto club	_____	_____
Loan interest (Schedule "C")	_____	_____
License (DMV Renewal)	_____	_____
Sales tax (if you purchased a car)	_____	_____
Parking	_____	_____

**\*NOTE:** Two vehicles are listed when a replacement is purchased in the course of the year or when two cars are used concurrently for this business activity. **Please upload purchase or lease papers on newly acquired vehicles.**

**TRAVEL:** List city AND number of days per city: \_\_\_\_\_

Air Fares	_____	Cost of Lodging	_____
Meals	_____	Tips & Baggage	_____
Laundry & cleaning	_____	Telephone	_____
Local Transportation	_____	Other	_____

(Taxis, subways, car rental, cost to and from airports)

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- ACCOUNTING \_\_\_\_\_
- ADVERTISING \_\_\_\_\_
- ANSWERING SERVICE/VOICEMAIL \_\_\_\_\_
- BANK CHARGES (Only if you have a business account) \_\_\_\_\_
- BUSINESS GIFTS (Limited to \$25 per gift, per person) \_\_\_\_\_
- COMMISSIONS \_\_\_\_\_
- DUES & PUBLICATIONS \_\_\_\_\_
- ENTERTAINMENT (Business meetings ONLY) \_\_\_\_\_
- EQUIPMENT RENTAL \_\_\_\_\_
- FREIGHT/DELIVERY \_\_\_\_\_
- INSURANCE \_\_\_\_\_
- INTERNET \_\_\_\_\_
- JANITORIAL SERVICES \_\_\_\_\_
- LEGAL & PROFESSIONAL FEES \_\_\_\_\_
- LICENSES & PERMITS \_\_\_\_\_
- MAINTENANCE \_\_\_\_\_
- OFFICE SUPPLIES \_\_\_\_\_
- OFFICE IN HOME (Total amount of rent) \_\_\_\_\_
- ONLINE SERVICES (No streaming services) \_\_\_\_\_
- OUTSIDE SERVICES (Fees you paid to others) \_\_\_\_\_
- PENSION & PROFIT SHARING PLANS (Not IRAs) \_\_\_\_\_
- POSTAGE \_\_\_\_\_
- PRINTING \_\_\_\_\_
- RENT ON BUSINESS PROPERTY \_\_\_\_\_
- REPAIRS TO EQUIPMENT OTHER THAN CAR \_\_\_\_\_
- SALARIES & WAGES \_\_\_\_\_
- STORAGE \_\_\_\_\_
- SUPPLIES \_\_\_\_\_
- TAXES (This could be business, property, payroll, or sales. List type & amount) \_\_\_\_\_
- TELEPHONE \_\_\_\_\_
- UNIFORMS \_\_\_\_\_
- UTILITIES \_\_\_\_\_

• BUSINESS EQUIPMENT:

TYPE OF EQUIPMENT	PURCHASE DATE	COST
_____	____/____/____	_____
_____	____/____/____	_____
_____	____/____/____	_____

Others you don't see a place for, questions, and notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_