

Peter Deng & Associates CPA

CPA For Minority Communities

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Business Income/Expenses Summary (201__)

Business Name: _____ EIN: _____ State ID: _____

Contact: _____ Phone: _____ Business Type _____ Cash()/Accrual ()

A. INCOME

Net Sales	
Other Income (interest, etc.)	

B. Cost of Goods Sold

Beginning Inventory	+	
Purchase	+	
Ending Inventory	-	
Cost of Goods Sold	=	

C. Furniture, Equipment, & Renovation Added

1	
2	
3	
4	

D. Balance Information For Corp

Checking/Saving Balance 12/31	
Other Assets	
Accounts Receivable	
Accounts Payable	
Total Loan Balance	
Distributions to Shareholders	
Owner's Loan to Business	

I, the undersigned, understand that tax laws require me to keep records & retain all receipts, cancelled checks, and other evidence to prove income and deductions claimed. I will be responsible for the accuracy of the above information.

Signature & Date _____

**Licensed CPA Over 15 Years
Years Gov't Auditor Experience, Lower CPA Fees
Professional Quality, Less IRS Trouble**

E. Business Expenses

Advertising	
Auto Mileage	
Bad Debts	
Bank Charges	
Commissions & Fees	
Computer, Software, & Internet	
Credit Card Discount Fees	
Dues & Subscriptions	
Equipment Rental	
Independent Contractor	
Insurance - Business	
Medical Insurance	
Interest Expenses	
Legal & Professional	
Meals/Entertainment - Business	
Office Supplies	
Officers Compensation	
Pension/Retirement Plans	
Permits & Licenses	
Postage/Delivery	
Printing	
Rent	
Repairs & Maintenance	
Salary/Wage - Employees	
Supplies	
Taxes - Payroll	
Other Taxes	
Telephones/Cellular	
Travel & Lodging	
Utilities (Water, gas, electricity)	
Waste Removal & Cleaning	

Other Expenses

1. Depreciation	
2	
3	
4	
5	

TOTAL EXPENSES