accounting & consulting resources
Rev. 01-2020

7676 New Hampshire Ave. Ste. 109
Takoma Park, MD 20912
Phone: (301) 408-0029
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E-Mail: info@acronline.com

INCOME/EXPENSE INFORMATION FOR SELF-EMPLOYED, CORP. LLC OR PARTNERSHIPS

IMPORTANT: Bank statements and documents **MUST** be presented with this Form for verification. Since every industry is different, some expense categories applicable to your business may not be listed here.

Tax Year _____

Business Name (Required) _____ EIN or Fed. Tax ID# (Required) _____

Income	$
Credit Card Sales (If Any)	$
Total	$
Direct Cost (COGS)	
Materials and Supplies	$
Subcontractors Labor (Please give details in attached form)	$
Worker's Comp. and General Liability Insurance	$
Casual Labor (People who got paid less than $600 a Year)	$
Rent of Equipment	$
Other Expenses	
Salaries to Officers/Owners (Only Corp, LLC or Partnerships)	$
Office or Storage Rent (If applicable)	$
State or Property Taxes	$
Licenses and Permits	$
Advertising	$
Meals and Entertainment of Clients	$
Gasoline or Diesel	$
Car Repairs and Maintenance	$
Tags and Registration MVA	$
Auto, Truck or Van Insurance	$
Bank Service Charges	$
Credit Card Commissions	$
Postage, Freight and Delivery	$
Dues and Subscriptions	$
Legal & Professional Fees	$
Office Expenses	$
Parking Fees and Tolls	$
Miscellaneous	$
Telephone Expense	$
Trash Disposal or Dumping Fees	$
Small Tools (Cost less than $500 each)	$
Other (Describe)	$

I, _____ acting as owner under penalties of perjury, declare that
Owner's or Officer's Name

I have examined the above schedule of Income/Expense information and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts received and spent during the tax year. I also acknowledge and understand that I must keep originals or copies of all bank statements, receipts, invoices, cancelled checks and any other supporting documentation documentation used to prepare this information. Therefore, I hereby authorize ACR Accounting & Consulting Resources to prepare the income tax return for my business using the information shown. Furthermore, I hereby release ACR Accounting & Consulting Resources from any responsibility or liability, since they have not prepared any Financial Statements nor have they audited the records. I further understand that any tax liabilities, penalties or interest resulting from Federal or State audits are my full responsibility.

Signature (Required) _____ Date _____

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LIST OF VEHICLES & EQUIPMENT FOR BUSINESS USE

VEHICLES

MAKE	MODEL	MILEAGE USED THIS YEAR	DATE PURCHASED	PURCHASE PRICE
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

EQUIPMENT WITH COST OF OVER $500.00 EACH (if any)

DESCRIPTION	MODEL	DATE PURCHASED	PURCHASE PRICE
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$

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LIST OF SUBCONTRACTORS FOR FORMS 1099

Business Name _____ EIN or Fed. Tax ID# _____ Year _____

NAME	SS#/TAX ID or ITIN	ADDRESS	AMOUNT
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$