

**Business check-list**

<b>1</b>	<input type="checkbox"/> <b>Gross Sales (retail \$ amount received from customers)</b>	
2	<input type="checkbox"/> Less Returns	
3	<input type="checkbox"/> (line 1 minus line 2)	
4	<input type="checkbox"/> Inventory at beginning of year	
5	<input type="checkbox"/> Total purchases for year (wholesale)	
6	<input type="checkbox"/> (line 4 plus line 5)	
7	<input type="checkbox"/> Personal use items (wholesale)	
8	<input type="checkbox"/> (line 6 minus line 7)	
9	<input type="checkbox"/> Inventory at end of year (wholesale)	
10	<input type="checkbox"/> Cost of good sold (line 8 minus line 9)	
11	<input type="checkbox"/> Gross Profit (line 3 minus line 10)	
12	<input type="checkbox"/> Other Income	
<b>13</b>	<input type="checkbox"/> <b>Gross Income (line 11 plus line 12)</b>	
14	<input type="checkbox"/> Advertising	
15	<input type="checkbox"/> Bad Debts (previously reported in gross income)	
16	<input type="checkbox"/> Bank Service Charges	
17	<input type="checkbox"/> Car / Truck Expenses	
18	<input type="checkbox"/> Commissions	
19	<input type="checkbox"/> Depreciation	
20	<input type="checkbox"/> Dues/ Publications	
21	<input type="checkbox"/> Employee Benefit Programs	
22	<input type="checkbox"/> Freight / Shipping Costs	
23	<input type="checkbox"/> Insurance	
24	<input type="checkbox"/> Interest (mortgage related to business)	
25	<input type="checkbox"/> Interest (Other related to business)	
26	<input type="checkbox"/> Laundry / Cleaning	
27	<input type="checkbox"/> Legal / Professional Fees	
28	<input type="checkbox"/> Office Expenses (or % of home use expenses)	
29	<input type="checkbox"/> Pension / Profit Sharing	
30	<input type="checkbox"/> Rent on Business Property	
31	<input type="checkbox"/> Repairs	
32	<input type="checkbox"/> Supplies	
33	<input type="checkbox"/> Taxes	
34	<input type="checkbox"/> Travel	
35	<input type="checkbox"/> 50% of meal cost related to business	
36	<input type="checkbox"/> Utilities (electric, phone, etc.)	
37	<input type="checkbox"/> Wages Paid to Others	
38	<input type="checkbox"/> Other _____	
39	<input type="checkbox"/> Other _____	
40	<input type="checkbox"/> Other _____	
<b>41</b>	<input type="checkbox"/> <b>Total Expenses ( add lines 14 thru 40)</b>	
<b>42</b>	<input type="checkbox"/> <b>Net Profit (line 13 minus line 41)</b>	