



## RETAIL SALES EXPENSES (continued)

<p><b>ADVERTISING/PROMOTION:</b> Ads, business cards, web site, greeting cards, fliers, open house, etc.</p> <p><b>*COMMISSIONS &amp; FEES PAID:</b> Franchise fee</p> <p><b>*CONTRACT LABOR:</b></p> <p><b>EMPLOYEE BENEFITS:</b> Health insurance, company party, mileage reimbursements, etc.</p> <p><b>INSURANCE:</b> Worker's comp, business liability (do not include auto/truck/health)</p> <p><b>INTEREST:</b>     <b>Mortgage</b> (on business bldg.):                              Paid to financial institution                              Paid to individual</p> <p><b>OTHER INTEREST:</b> (do not include auto or truck)                              List life insurance loans separately                              Business only credit card</p> <p><b>*LEGAL &amp; PROFESSIONAL:</b> Attorney fees for business, accounting fees, bonds, permits, etc.</p> <p><b>OFFICE EXPENSE:</b> Postage, stationery, office supplies, pens, etc.</p> <p><b>PENSION/PROFIT SHARING:</b> Employees only</p> <p><b>*RENT/LEASE:</b> Machinery and equipment                              Other business property</p> <p><b>*REPAIRS &amp; MAINTENANCE:</b> Building, equipment, etc. (do not include auto or truck), trash removal, window washing</p> <p><b>SUPPLIES:</b> Misc. (not included elsewhere)                              Sm.tools, decorations, music, menus</p> <p><b>TAXES:</b>     Personal property                              Licenses (not auto/truck)                              Real estate of business building &amp; land                              Sales tax (if included in gross sales)                              Payroll (your share Soc.Sec./Medicare)</p> <p><b>TRAVEL</b> (number of nights away):          City_____ Nights out ___ City_____ Nights out ___          City_____ Nights out ___ City_____ Nights out ___          City_____ Nights out ___ City_____ Nights out ___          City_____ Nights out ___ City_____ Nights out ___</p>	<p><b>EXPENSES</b> (AWAY FROM HOME OVERNIGHT):              Lodging              Meals &amp; tips (keep total separate from other costs)              Convention fees              Cruise ship convention/seminar              Airplane or train fares              Auto rental, taxis or bus fares              Other (incidentals, laundry, etc.)</p> <p><b>MEALS &amp; ENTERTAINMENT:</b>              Sales lunches              Gifts (limited to \$25 per individual or couple)              Tickets              Tickets to qualified charitable events</p> <p><b>UTILITIES &amp; TELEPHONE:</b>              Electricity &amp; natural gas (business)              Garbage, water, sewer (business)              Telephone (bus. line, second line, other options)              Business long distance (from home telephone)              Faxes, paging svcs, cellular svcs, online svcs</p> <p><b>WAGES:</b>     (bring your copy of W-2s/941s if they have been filed)              Wages to spouse (subject to Soc.Sec. and Medicare tax)              Children under 18 (not subject to Soc.Sec. and Medicare tax)              Other</p> <p><b>OTHER EXPENSES</b> (not listed elsewhere):              Bags, boxes, gift wrap, labels              Bank charges / credit card fees              Check verification service              Delivery services, shipping              Dues &amp; publications              Education, research, product samples              Laundry &amp; cleaning, linen service              Price taggers &amp; labels              Printing &amp; copying              Small display items              Trade show fees</p>
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## EQUIPMENT PURCHASED

*Display cabinets & stands, signs, lighting, cash register, computer, printer, fax, software, furnishings, etc...*

Item Purchased	Date Purchased	Business Use %	Cost (including sales tax)	Item Traded	Additional Cash Paid	Traded with Related Property	Other Information

## BUILDOUT EXPENSE / LEASEHOLD IMPROVEMENTS

Description	Date Purchased	Cost (include sales tax)	Other Information

\*1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.

Due date of return is January 31. Nonfiling penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold tax on the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment