GRACE WILLIAMS

Certified Public Accountants & Consultants

General Information

Name of propietor	Social security number (SSN)
Principal business or profession:	IRS Code:
Business nane. If no sepeartae business name, leave blank.	Employer ID number (EIN), if any
Business address:	City, town or post office, state, and ZIP code

Business started or acquisition date:_____

Did you "materially participate" in the operation of this business ☐ Yes ☐   No

Accounting method: Cash_____   Accrual_____   Other(specify)_____

Inventory method: (if Applicable)   ☐ Cost   ☐ Lower of cost or market   ☐ Other (epecify)

Income

Gross receipts	$_____
Return and allowances	$_____
Discounts	$_____
1099-Misc, total	
Number of 1099 misc	#_____
Income from cards	$_____
Other income	$_____
Total	$_____

Cost of goods sold(if applicable)

Inventory at beginning of year	$_____
Purchases less cost of item withdrawn for personal use	$_____
Cost of labor	$_____
Materials and supplies	$_____
Other costs	$_____
Inventory at end of year	$_____
Cost of goods sold	$_____

Expenses	Subtotal
Advertising	
Car and truck expenses (see attached)	
Commissions	
Subcontractors (See attached)	
Depreciation & Sec. 179 (See attached)	
Employee benefit programs	
Insurance(other than health)	
Interest	
Mortgage	
Legal services	
Accounting	
Profesional services	
Office expenses	
Total	

Expenses	Subtotal
Pension and profith-sharing plans	
Rent or lease (Vehicles)	
Rent/leases (machinary/equipment)	
Repairs and maintenance	
Supplies & Small Tools	
Taxes and licenses	
Travel: Transportation	
Meals (50%)	
Utilities	
Wages and payroll taxes	
Others Expenses	Telephone & Cell	
	Bank Charges	
	Gifts	
	Uniforms	
	Casual labor	

I certify that the information in this form is accurate to the best of my knowledge.

_____   _____

(Taxpayer signature)   Date