



# TCPA, PLC

CERTIFIED PUBLIC ACCOUNTANTS

## Business Expense Report

### General Business Information

(T)axpayer / (J)oint / (S)pouse: ☐ (T) ☐ (J) ☐ (S)  
Employer Identification Number: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_  
Accounting Method: ☐ Cash ☐ Accrual ☐ Other  
If Other: \_\_\_\_\_  
Inventory Method: ☐ Cost ☐ LCM ☐ Other  
If Other: \_\_\_\_\_  
Acquired business this year? ☐ Yes ☐ No  
Health insurance premiums: \$ \_\_\_\_\_  
Long-term care premiums: \$ \_\_\_\_\_  
Statutory employee wages: \$ \_\_\_\_\_

### Income

Gross receipts or sales: \$ \_\_\_\_\_  
Returns on allowances: \$ \_\_\_\_\_  
Other income:  
1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_  
4. \_\_\_\_\_ \$ \_\_\_\_\_

### Cost of Goods Sold

Beginning inventory: \$ \_\_\_\_\_  
Purchases: \$ \_\_\_\_\_  
Labor: \$ \_\_\_\_\_  
Materials: \$ \_\_\_\_\_  
Other costs:  
1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_  
Ending inventory: \$ \_\_\_\_\_

### Expenses

Advertising: \$ \_\_\_\_\_  
Automotive:  
Fuel: \$ \_\_\_\_\_  
Repairs/maintenance: \$ \_\_\_\_\_  
Mileage: \_\_\_\_\_  
Commissions/fees: \$ \_\_\_\_\_  
Contract labor: \$ \_\_\_\_\_  
Employee benefits: \$ \_\_\_\_\_  
Insurance: \$ \_\_\_\_\_  
Interest expense: \$ \_\_\_\_\_  
Legal/professional fees: \$ \_\_\_\_\_  
Office expenses: \$ \_\_\_\_\_  
Postage/delivery: \$ \_\_\_\_\_  
Software dues: \$ \_\_\_\_\_  
Rent - vehicles & equipment: \$ \_\_\_\_\_  
Rent - other: \$ \_\_\_\_\_  
Supplies: \$ \_\_\_\_\_  
Taxes/licenses: \$ \_\_\_\_\_  
Travel: \$ \_\_\_\_\_  
Meals: \$ \_\_\_\_\_  
Utilities: \$ \_\_\_\_\_  
Telephone: \$ \_\_\_\_\_  
Wages: \$ \_\_\_\_\_  
Other expenses:  
1. \_\_\_\_\_ \$ \_\_\_\_\_  
2. \_\_\_\_\_ \$ \_\_\_\_\_  
3. \_\_\_\_\_ \$ \_\_\_\_\_  
4. \_\_\_\_\_ \$ \_\_\_\_\_  
5. \_\_\_\_\_ \$ \_\_\_\_\_  
Home Office Square Footage: \_\_\_\_\_  
Total Home Square Footage: \_\_\_\_\_  
Total Utilities (Home): \$ \_\_\_\_\_  
Total Rent (Home): \$ \_\_\_\_\_  
Total Mortgage Interest (Home): \$ \_\_\_\_\_  
Total Insurance (Home): \$ \_\_\_\_\_  
Total Repairs (Home): \$ \_\_\_\_\_  
Brief description of business: \_\_\_\_\_

**\*\* Our work in connection with the preparation of your income tax return does not include any procedures designed to discover defalcations or other irregularities, should they exist. You are responsible to verify and provide accurate numbers. \*\***

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