



Grant Taxes, LLC

Granting professional tax & accounting services

Business name: _____

Principle business/profession: _____

Employer identification number (EIN): _____ - _____

Is this your first year in business? Yes No

Accounting Method: Cash Accrual

Tax Year: _____

Income	Amount
Gross receipts or sales	\$
Returns and allowances	\$
Other Income	\$

Cost of Goods Sold	Amount
Beginning of year Inventory	\$
Purchases	\$
Cost of items used personally	\$
Cost of labor	\$
Materials and supplies	\$
Other costs	\$
End of year inventory	\$



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Expenses	Amount	Expenses	Amount
Accounting	\$	Education	\$
Advertising	\$	Postage	\$
Answering service	\$	Printing	\$
Bad debts from sales or services	\$	Rent or lease, vehicles	\$
Bank charges	\$	Rent or lease, machinery	\$
Car and truck expenses	\$	Rent or lease, equipment	\$
Commissions	\$	Repairs	\$
Contract Labor	\$	Security	\$
Delivery and freight	\$	Federal start-up costs	\$
Dues and subscriptions	\$	Supplies	\$
Employee benefit programs	\$	Real estate taxes	\$
Health insurance	\$	Payroll taxes	\$
Insurance	\$	Sales tax	\$
Mortgage (1098)	\$	Telephone	\$
Janitorial	\$	Tools	\$
Laundry and cleaning	\$	Travel	\$
Legal and professional	\$	Meals	\$
Miscellaneous	\$	Uniforms	\$
Office expense	\$	Utilities	\$
Outside service	\$	Wages	\$
Parking and tolls	\$	Fuel	\$
Contributions	\$	Other (Explain)	\$

I certify that all of the above information given to the tax preparer to complete my tax return is true and accurate to the best of my knowledge

Signature: _____

Date: _____

