

Business Income/Expenses: Partnerships

Partnership Name: _____

Partnership Address : _____

EIN # _____

What is the principal business activity of the Partnership? _____

Contact Name: _____

Contact Phone # _____

Contact Mailing Address _____

email: _____

Was there a change in Partner information this year: **YES OR NO**

Were payments wages paid to Partners? **YES OR NO**

Where any Health insurance premiums paid for Partners? **YES OR NO**

Was there any Capital Contribution during the year from a Partner? **YES OR NO**

Any loans to the corporation during the year from Partner? **YES OR NO**

Any loans repaid by the Partnership to a partner during year? **YES OR NO**

Did pay anyone over \$600 **YES OR NO**

Did you file a 1099 for everyone you paid over \$600 **YES OR NO**

Business Income:

Gross sale receipts for the year: _____

Returns or Allowances: _____

Inventory on 01/01/24: _____

Cost of Goods Sold: _____

Cost of Materials for Manufactured Goods: _____

Cost of Labor for Manufactured Goods: _____

Inventory Remaining 12/31/24 _____

Business Expenses:

- Accounting: _____
- Advertising: _____
- Continuing Education: _____
- Business Bank Account Fees: _____
- Business License: _____
- Cell Phone (100% of cost) _____
- Cell Phone purchase _____
- Cleaning/Janitorial/Maintenance: _____
- Credit Card Processing Fees: _____
- CC Interest Paid on Business Expenses: _____
- Commissions: _____
- Computer Services and Supplies: _____
- Delivery and Frieght: _____
- Dues and Subscriptions: _____
- Employee Health Benefits: _____
- Employee Payroll: _____
- Employee Payroll Taxes _____
- Employee Retirement Benefits: _____
- Equipment Rent: _____
- Fax Service: _____
- Gifts: _____
- Business Insurance: _____
- Internet (100% of cost): _____
- Meals for business meetings: _____
- Office Supplies: _____
- Permits and Bonds: _____
- Phone Line: _____
- Postage/PO Box: _____
- Health Insurance: _____
- Office Space Rent: _____
- Business Taxes and Licensing: _____
- Legal & Professional: _____
- Office Expense: _____
- Independent Contractors Expense: _____
- Security: _____
- Tools: _____
- Utilities _____
- Other: _____
- Other: _____
- Other: _____
- Other: _____

Vehicle Expense:

Miles driven for business: _____
Gas Expense: _____
Repairs and Maintenance on Vehicle: _____
Vehicle Insurance: _____
Tabs and Licensing for Vehicle: _____

Over night out of town travel:

<u>City and state:</u>	<u># days spent in location</u>
_____	_____
_____	_____
_____	_____

Business Travel Expenses:

Plane, Train, Bus tickets to/from: _____
Luggage: _____
Hotel/Motel: _____
Cabs and subways: _____
Parking/Tolls: _____
Travel Meals: _____

Major Purchases: (any item purchased for business over \$2500)

<u>Description of Purchase:</u>	<u>date</u>	<u>amount pd</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

CRESSEY RICE TAX SERVICE LLC

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