

BUSINESS INCOME & DEDUCTIONS - 2024

(NOTE ALL REQUIRED W-2'S AND 1099'S MUST BE ISSUED BY 1/31/2025)

BUSINESS NAME _____
BUSINESS ADDRESS _____
BUSINESS ACTIVITY _____ EMPLOYER ID# _____
DO YOU PRODUCE OR MANUFACTURE A PRODUCT? _____
ACCOUNTING METHOD USED: CASH ___ ACCRUAL ___ HYBRID ___
YEAR STARTED BUSINESS? _____ DO YOU HAVE EMPLOYEES? _____
DO YOU ACTIVELY PARTICIPATE AND HAVE A PROFIT MOTIVE? _____
NUMBER OF HOURS PER WEEK SPENT ON THIS ACTIVITY. _____

Did you conduct or have a business location within the City of Los Angeles? _____

If so, did you file the required City of L.A. Tax Registration Certificate (city business tax)? _____

***(PLEASE PROVIDE ALL 1099s, W- 2 & W- 3s, SALES, PERSONAL PROPERTY & PAYROLL TAX RETURNS - FINANCIAL STATEMENTS - INCOME STATEMENT & BALANCE SHEET)**

INCOME*:

GROSS RECEIPTS (provide all 1099-MISC and 1099-K) _____
OTHER INCOME _____
BEGINNING INVENTORY (as of 1/1/2024) _____
PURCHASES (FOR RESALE, net of personal items) _____
MATERIAL & SUPPLIES _____
ENDING INVENTORY (AS OF 12/31/2024) _____

EXPENSES* (see above – have you filed all required 1099's?):

Are all expenses listed ordinary and necessary to this business activity? _____

ADVERTISING _____	PRINTING _____
ACCOUNTING _____	PROMOTION _____
ANSR SRV/VOICEMAIL _____	RENT (Building) _____
BAD DEBTS _____	RENTAL EQUIPMENT _____
BANK CHARGES _____	REPAIRS: (General) _____
CELL PHONE EQUIPMENT _____	BUILDING _____
COMMISSIONS (1099'S)* _____	EQUIPMENT _____
(Other than salaries) _____	SOFTWARE _____
DUES & PUBLICATIONS _____	STORAGE _____
EMPLOYEE BENEFIT PLANS _____	SUPPLIES _____
PENSION & PROFIT SHARING _____	
EDUCATION _____	TAXES: _____
FREIGHT _____	BUSINESS _____
GIFTS _____	CITY / COUNTY _____
INSURANCE - (Liability) _____	PAYROLL* _____
(Business / E & O, etc.) _____	OTHER _____
(Other than auto) _____	PROPERTY _____
INTEREST EXP (Mtg w/ F-1098) _____	SALES* _____
(Other) _____	TELEPHONE _____
LAUNDRY & CLEANING _____	TOOL _____
LEGAL & PROF. FEES _____	UTILITIES _____
LICENSE & PERMITS _____	UNIFORMS _____
OFFICE SUPPLIES _____	WAGES PAID* (W-2/3) _____
OFFICE EXPENSE _____	WEBSITE _____
ONLINE/INTERNET FEES _____	WORKERS COMP _____
OUTSIDE SERVICES (1099's?)* _____	OTHER EXP: _____
PPE EXPENSES _____	_____
POSTAGE _____	_____

***If you paid expenses or fees in excess of \$600 to an individual, you must issue a 1099 to that person**

EQUIPMENT: (2024 PURCHASES ONLY)

DESCRIPTION	DATE PURCHASED	NEW/USED	COST
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFO OR MISCELLANEOUS QUESTIONS: _____
