

Company Name: _____

Fed ID: _____

Date of Incorporation: _____

State of Incorporation: _____

Address: _____

Summary of Profit & Loss Account

Tax Year : 2018 (From Jan to Dec)

INCOME

AMOUNT
YEAR TO DATE

GROSS SALES/RECEIPTS	
Less: EXPENSES:	
OFFICER'S COMPENSATION	\$ -
ADVERTISEMENT	\$ -
BAD DEBTS	\$ -
BANK FEE/CHARGES	\$ -
BUSINESS DEVELOPMENT	\$ -
BUSINESS INSURANCE	\$ -
BUSINESS TRAVELLING	\$ -
CHARITY/DONATION FROM BUSINESS	\$ -
COMMISSION / CONSULTANCY EXPENSES	\$ -
DUES & SUSBCRIPTIONS	\$ -
EQUIPMENTS/SOFTWARE	\$ -
INCOME TAX PAID	\$ -
INTERNET FOR BUSINESS USE	\$ -
LICENSE/PERMITS/ PROCESSING FEE	\$ -
MEALS & ENTERTAINMENT	\$ -
MEDICAL INSURANCE /EXPENSES	\$ -
NJ STATE TAX	\$ -
NJ STATE TAX	\$ -
OFFICE EQUIPMENTS	\$ -
OFFICE EXPENSES	\$ -
OFFICE FURNITURE	\$ -
OTHER EXPENESES	\$ -
OUTSIDE SERVICES	\$ -
PAYROLL / EMPLOYER TAXES	\$ -
POSTAGE	\$ -
PROFESSIONAL FEES	\$ -
RENT	\$ -
REPAIR & MAINTENACE	\$ -
SALARIES & WAGES TO EMPLOYEES	\$ -
SEP IRA/401K CONTRIBUTIONS	\$ -
SUPPLIES /OFFICE SUPPLIES	\$ -
TELEPHONE FOR BUSINESS USE	\$ -
UTILITIES	\$ -
VEHICLE EXPENSES (PL SEE SEPARATE SHEET)	\$ -
TOTAL EXPENSES	\$ -
NET PROFIT / (LOSS)	\$ -

It is highly recommended to mainain proper books of accounts and to bring Trial Balance, Income statement & Balance sheet from your in house software or records.

Also need copies of W2,W3, 1099MISC issued by your company. Please make sure the provided information is complete, accurate & proper record is being maintained.

By signing these pages, I confirm that I have reviewed my schedule thereto, that all information set forth on this form was furnished by my self & my spouse and used by our tax preparer in the preparation of this turn & that to the best of my knowledge and belief said information are correct and accurately reflects.

Name & Title: _____

Signature: _____