



Tax Time is here again! Thank you for choosing CBSi as your accounting service provider.

Enclosed is your 2011 Tax Organizer with the step-by-step instructions on how to get started. At any time during this process, do not hesitate to call our office for assistance.

- Step 1)** Review the entire packet to get an understanding of its layout. See the Fee Schedule and Checklist to determine which services apply to you. Not all parts of the organizer will be necessary to complete, so it is important to follow the Checklist as your guide.

- Step 2)** Read and sign the Client Service Agreement

- Step 3)** Update the Fee Schedule and total at the bottom. As with Step 1, not all services and fees will apply to you. Provide Method of Payment information requested.

- Step 4)** Send the organizer and the supporting documentation to our corporate office in Indianapolis, IN in the envelope provided.

At CBSi, we are proud of the industry leading "14 day standard" ----- all work is completed, reviewed, collated, archived and mailed within fourteen days. This standard can only be met if all of the required information is provided and the necessary forms are completed correctly.

As we strive to meet this standard, we may need to be in contact with you throughout the process of preparing your returns. If questions arise or the information provided is not complete, it is critical that you respond quickly. If not, we cannot assure our "14 day standard".

Due to IRS requirements, all tax returns will be electronically filed. A copy of your completed returns and all your original documents will be sent back to you.

To avoid any late filing penalties, we will automatically file extensions for all information received after March 15th at no additional charge.

Contact our office during regular business hours with questions.



General Tax Services Fee Schedule

Tax Return Preparation Services

If you were enrolled in settlement deduction or automatic monthly payment as of 12/31/2011, there is no charge for your individual returns.

Client Type	Description	Fee	Total
Company Driver	MUST be CD <u>entire tax year.</u>	\$ 175.00	\$ _____
Owner Operator Independent Contractor Sole Proprietor	Worked <u>any portion of the tax year</u> as an O.O. , contractor or sole-proprietor	\$ 250.00	\$ _____
Partnership Multi-Member LLC	A registered, legal, for-profit entity made up of 2+ tax payers that operated in the current tax year	\$ 350.00	\$ _____
S-Corp	Tax returns for the corporation	\$ 600.00	\$ _____
Electronic Filing of completed returns		NO CHARGE FOR ALL CLIENTS	
Paper file returns (not e-file)		\$ 50.00	\$ _____
Regular Mail	Standard US Mail delivery service	NO CHARGE FOR ALL CLIENTS	
Certified	USPS - confirm delivery receipt signature	\$ 20.00	\$ _____
2 Day	FedEx standard two day ground service	\$ 30.00	\$ _____
Overnight	Fedex standard overnight express delivery	\$ 50.00	\$ _____
TOTAL AMOUNT DUE:			\$ _____

Method of Payment

Check ComCheck Money-Order
 Credit Card Auto. checking account withdrawal (ACH) Cash

Credit Card

Master Card Visa
 C.C. Number _____
 Expires ____ / ____

Automatic Checking Account Withdrawal (ACH)

Bank _____
 Routing _____
 Account _____

\$ _____ _____ _____
 Amount Signature Date



General Tax Services Fee Agreement

This agreement is to confirm the standard fee arrangement for tax services specified by you ("Client") on the enclosed Fee Schedule.

1) Scope of Representation. Client understands and acknowledges that the tax services provided by CBSI will not include any additional tax advice or representation regarding tax matters outside the scope of the standard tax services specified in the attached Fee Schedule. In the event CBSI, in its sole discretion, identifies any requested tax services by Client to exceed any standard tax service as listed on the Fee Schedule, then CBSI reserves the right to charge additional fees in accordance with CBSI's then current rate schedule. If additional fees are warranted in a particular tax matter, CBSI will notify Client, in writing, of any fees that may be applicable prior to any additional work being completed.

2) Client Representations and Responsibilities:

A. You agree to pay for all tax services requested from CBSI when due, unless other arrangements are made by CBSI. All fees for tax services are non-refundable.

B. You represent that all information provided by you to CBSI in relation to any requested tax service is accurate and complete to the best of your knowledge. CBSI may need to request additional information and/or clarification for certain items. You agree to timely respond to any follow up requests made by CBSI. In the event you have not provided CBSI with all necessary documentation by March 15, CBSI may, at its sole discretion, file an extension on your behalf.

C. You acknowledge that you are ultimately responsible for your tax liability to the IRS. You shall be solely responsible for your tax return and the information contained therein and must carefully review your return(s) prior to signing. In the event the IRS audits any of your tax returns, CBSI may provide additional tax services and representation for an additional fee at CBSI's then current standard rates, plus out of pocket expenses. It is imperative that you keep all supporting documents and records to substantiate income and deductions claimed on your return(s). CBSI shall not be responsible for any documents lost in the mail.

3) Termination of Representation. CBSI may withdraw from representing Client if Client fails to comply with any portion of this agreement or if CBSI determines that CBSI ethically either cannot or should not continue to provide tax services for Client. Upon termination for any reason, all original documents will be returned to the address provided at said Client's expense. It is the Client's responsibility to notify CBSI of any change of mailing address. In the event that CBSI cannot make contact with the client and has exhausted all reasonable options available or after a period of 6 months, whichever comes first, all documents will be electronically imaged or scanned to a secure server and shredded.

4) Client has read and understood this agreement. Client acknowledges that Client; a) has fully and completely read and understood this Agreement; b) has no questions regarding the agreement; c) agrees to each provision of the agreement; and d) has knowingly and voluntarily signed the agreement.

ACCEPTED AND APPROVED on ___ / ___ / _____ agreement is entered into in Indianapolis, Indiana.

Client Signature

Client's Spouse Signature (if filing jointly)

Print Client Name

Print Spouse Name (if filing jointly)



Client General Information

Taxpayer Legal Name _____ Social Security Number _____
 first last

Spouse Legal Name _____
 first last

Occupation Date of Birth
 Taxpayer _____ / ____ / _____
 Spouse _____ / ____ / _____

Home address is defined by the IRS as the current state to which you pay tax. It is used on your tax return and can receive US Mail.

Home Address _____
 street city state zip

County _____ School District _____
 Home Phone () - Cell Phone () -
 Email _____

If you moved during the tax year, you must provide the information for your prior residence and move below.

Prior residence _____
 street city state zip

Date moved to current residence ____ / ____ / _____

Taxpayer Filing Status

___ Single ___ Married filing jointly ___ Married filing separately ___ Head of household

If married filing separately, complete this section below.

Did your spouse itemize their individual deductions for the current tax year? _____
 yes no

Did you and your spouse live together during the current tax year? _____
 yes no

If yes, did you live together after June 30? _____
 yes no

Dependents

If your spouse or ex-spouse is claiming or has claimed one of your dependents listed on their return, then you cannot claim them. All information must be provided in order to claim a dependent. Your spouse is not considered a dependent.

Name(s)	Date of Birth	Soc. Sec. Number	Relationship	Lived in your home	Income (if over 18)	College student
_____	__ / __ / ____	____ - ____ - ____	_____	_____ months	\$ _____	_____ yes/no
_____	__ / __ / ____	____ - ____ - ____	_____	_____ months	\$ _____	_____ yes/no
_____	__ / __ / ____	____ - ____ - ____	_____	_____ months	\$ _____	_____ yes/no



Self Employed Health Insurance Premiums

\$_____ Health, Dental and/or Vision insurance

\$_____ Long-term care ins.

\$_____ Other

Out of Pocket Medical

Any doctor, hospital, co-pay, prescriptions not provided in the sections above, that were paid with cash, credit card, debit card or check. Do not send receipts with your organizer, but you must be able to produce them if there are questions. Include expenses paid in the current tax year only. Do not include expenses billed and not paid.

Total out of pocket expense for current tax year \$_____

State / Local Tax

Real Estate tax paid on your home / primary residence \$_____

Additional state or local tax paid with last year's taxes \$_____

Excise Tax (personal property)

Vehicle license plates / registration fees may include excise tax. Only list the excise tax portion of vehicle plates / permits of personal vehicle(s) to be listed.

Excise tax paid \$_____

Sales tax paid on personal car, truck, RV or boat purchased \$_____

Home

This section is for your primary residence.

Mortgage Interest \$_____

Private Mortgage Ins. (PMI) \$_____

Points paid \$_____

Did you buy or refinance your home after 2005? _____
yes/no

Did you refinance your home during current tax year? _____
yes/no

Michigan residents only ----- tax value of your home from tax statement \$_____

Did you sell your home during current tax year? _____
yes no

If yes, year you purchase the home sold? _____

If yes, was it used as a rental? _____
yes/no

Gifts to Charity

If your contribution is \$250 or more to one charity, you must have a written letter from the charitable organization to claim the deduction. If non-cash gifts exceed \$500, you must attach itemized list and value of each item.

Cash

Examples: cash, check and/or credit card given to a church

_____	\$	_____
organization	amount	
_____	\$	_____
organization	amount	
_____	\$	_____
organization	amount	

Non-Cash

Examples: Goodwill, Salvation Army, Am Vets

_____	\$	_____
organization	amount	
_____	\$	_____
organization	amount	
_____	\$	_____
organization	amount	



Miscellaneous Deductible Expenses

Safe Deposit Box \$ _____
Union Dues \$ _____
Fees paid last year for tax prep. \$ _____

Rent Paid \$ _____
*Deduction is not available in all states.
It is only valid for: CA, IN, MD, MI, MT,
NY, D.C and WI*

Landlord Info.
Name _____
Street _____
City _____
State _____ Zip _____

Energy Tax Credit Information

Did you purchase & install any qualifying items for your primary residence during current tax year? _____
yes no If yes, amount \$ _____
Include a copy of the purchase document

Amount claimed for energy tax credits in prior years \$ _____

Qualifying Items:

- Energy efficient heating and air conditioning systems
- Energy efficient exterior windows, doors and/or skylights
- Insulation
- Maint. air circulating fan
- Water heater (natural gas, propane or oil)
- Biomass stove

State Sales Tax Owed

Did you make out of state purchases and not pay sales tax to claim on your state return? _____
yes no

If yes, what is the amount? \$ _____

IRS Authorization

Do you agree to allow CBSI to discuss this return with the IRS if there are questions? _____
yes no

Refund Information

Would you like any refund(s) to be direct deposited into your bank account? _____
yes no

Bank Name _____ Routing Number _____

Checking _____ Savings _____ Account Number _____

Enclose a voided check, if available



Earned Income Tax Credit

The IRS has implemented new procedure for preparers to follow for the earned income credit. Earned Income Tax Credit, or EIC, is available to some taxpayers with low or moderate earned income. If you think you may qualify, answer all questions below.

- 1. Were you a non-resident alien for any part of the year? _____ _____
yes no
- 2. Can you or your spouse be claimed as a dependent on anyone else's tax return? _____ _____
yes no
- 3. Were you ever denied EIC on any prior year's tax returns? _____ _____
yes no

List below your qualifying children who may be eligible for EIC (up to 3)

	<u>Child #1</u>	<u>Child #2</u>	<u>Child #3</u>
Child's name			
Was the child permanently and totally disabled during any part of the current tax year?	_____	_____	_____
	yes	no	yes
	_____	_____	_____
	yes	no	yes
	_____	_____	_____
	yes	no	yes



E-Filing Completed Tax Returns

IRS now requires returns to be filed electronically (E-FILE). Tax returns will be E-FILED, unless you notify and provide a reason to paper file. There is no charge for e-filing and you must sign the following form- IRS Form 8879. There is an additional fee for paper filing returns (returns prepared for you to sign and send to IRS / State ---see fee schedule).

For those that will NOT BE E-FILING, explain why not on the space provided. This is required by the IRS.

Reason for NOT E-FILING _____

Form **8879** | **IRS e-file Signature Authorization** | OMB No. 1545-0074

Department of the Treasury | Internal Revenue Service | **2011**

► Do not send to the IRS. This is not a tax return. | ► Keep this form for your records. See instructions.

Declaration Control Number (DCN) ►

Taxpayer's name _____ Social security number _____

Spouse's name _____ Spouse's social security number _____

Part I Tax Return Information—Tax Year Ending December 31, 2011 (Whole Dollars Only)

1	Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1
2	Total tax (Form 1040, line 61; Form 1040A, line 35; Form 1040EZ, line 10)	2
3	Federal income tax withheld (Form 1040, line 62; Form 1040A, line 36; Form 1040EZ, line 7)	3
4	Refund (Form 1040, line 74a; Form 1040A, line 43a; Form 1040EZ, line 11; Form 1040-SS, Part I, line 12a)	4
5	Amount you owe (Form 1040, line 76; Form 1040A, line 45; Form 1040EZ, line 12)	5

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2011, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. I further understand that this authorization may apply to future Federal tax payments that I direct to be debited through the Electronic Federal Tax Payment System (EFTPS). I authorize EFTPS to issue me a personal identification number (PIN) to access EFTPS. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To request that my PIN be mailed to me, or to revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at 1-888-363-4637. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

I authorize _____ to enter or generate my PIN
ERO firm name
 as my signature on my tax year 2011 electronically filed income tax return. Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ► _____ Date ► _____

Spouse's PIN: check one box only

I authorize _____ to enter or generate my PIN
ERO firm name
 as my signature on my tax year 2011 electronically filed income tax return. Enter five numbers, but do not enter all zeros

I will enter my PIN as my signature on my tax year 2011 electronically filed income tax return. Check this box **only** if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ► _____ Date ► _____

Part III Certification and Authentication—Practitioner PIN Method Only

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2011 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► _____ Date ► _____

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see your tax return instructions. Cat. No. 32776X Form **8879** (2011)

Tax Payer sign here

Spouse sign here



Company Driver Information

If you were a company driver at any time during the current tax year and taxes were withheld, you must complete this section.

Per Diem (for food)

In order to take advantage of the per diem (per day) tax deduction, accurate logs are required. For electronic logs, it is recommended that you request a copy for your records on a quarterly basis. At a minimum, you will need a summary for the current tax year filing. You do not need to send your log books, but you must keep a copy for your records in the event of an audit.

Include your last pay stub or payroll summary, if carrier paid a per diem during the current tax year.

Number of days away from home, overnight	_____	days
Did your company pay a per diem?	_____	_____
	yes	no
If yes, what was the total amount paid?	\$ _____	
<i>Contact payroll dept. w/ questions</i>		
Was per diem included in taxable income for current tax year?	_____	_____
	yes	no
		not sure

Type of vehicle driven last tax year (for your job)

_____ *Examples: straight truck / sprinter / tractor trailer*

Job Related Expenses

Use this section to provide job related expense that were NOT reimbursed. Provide the totals in the categories below. You must have receipts for each of the expenses that make up the totals listed, with business items purchased clearly written on the receipts. Do NOT send these receipts with your organizer.

Job related expenses incurred ?	\$ _____
<i>Examples: parking fees for truck / trailer, storage</i>	
Job related expenses incurred while AWAY FROM HOME?	\$ _____
<i>Examples: car rental, laundry, showers, tolls, scales</i>	
Other business expenses, not included above	\$ _____
<i>Examples: truck washes, showers, business cell phone, internet fees</i>	

Do NOT to include food, beverages, meals or entertainment. We will use the per diem rate for this deduction.



Owner Operator / Independent Contractor Information

If you were an independent contractor or owner operator during any time during the current tax year, you must complete this section and provide all the information requested.

Structure of Entity

Sole Proprietor _____ LLC / Partnership _____ S-Corp _____ Single Member LLC _____

Date business was formed _____ / _____ / _____ State where business was formed _____

Partner, LLC or corporation member name _____ Percentage of ownership _____ %

Partner, LLC or corporation member name _____ Percentage of ownership _____ %

Quarterly Tax Payments

	Date	State	Federal
April payment	___ / ___ / _____	\$ _____	\$ _____
June payment	___ / ___ / _____	\$ _____	\$ _____
September payment	___ / ___ / _____	\$ _____	\$ _____
January payment (current yr)	___ / ___ / _____	\$ _____	\$ _____

Amount of prior year tax refund being applied to the current tax year \$ _____

Equipment Buy, Sell or Lease

If you bought or leased a truck, trailer or other equipment in the current tax year, enclose a copy of the purchase agreement, bill of sale, and any financing information. If you participated in a lease-purchase program through your carrier, send a copy of the LP agreement also unless you have already submitted these items with your bookkeeping.

If you had a trade-in or sold equipment in the current tax year, complete the appropriate section below and send include copies of those documents as well.

A truck or trailer that you were in the process of purchasing that was turned back into a dealer (or carrier via LP Program) is treated as a sale. The trade-in date is the date you turned it in. The sale price is the amount still owed.

Truck or Trailer BUY / LEASE Information

Did you BUY a truck / trailer during current tax year _____
yes no

Did you LEASE a truck / trailer during current tax year _____
yes no

Did you have a TRADE-IN on your new truck / trailer? _____
yes no

Truck or Trailer SALE Information

Did you SELL a TRUCK during current tax year? _____
yes no

If yes, date ___ / ___ / _____ sale price \$ _____

Did you SELL a TRAILER during current tax year? _____
yes no

If yes, date ___ / ___ / _____ sale price \$ _____

If yes, provide the following information for the trade-in truck or trailer

Year _____ Make _____ Model _____

Remaining loan balance at time of trade \$ _____



Personal Vehicle Mileage (only applies to sole proprietors and single member LLCs)

Personal vehicle miles driven for business purposes? _____ Jan - June _____ July - Dec

Note: You must have written proof (log listing the date, miles & reason for each trip) to substantiate the deduction

Home Office Expenses

In order to qualify for the home office deduction, your home office must have been used exclusively and regularly for business in your primary residence. The square footage info provided is used to calculate the percentage of total home expense that will qualify as a deduction. It is important that these numbers be accurate and that you have documentation for the amounts you provide.

Date began use of OFFICE for business _____ / _____ / _____ Total square footage HOME _____ OFFICE _____

Purchase price of HOME \$ _____

Enter expense amounts paid for HOME

Property taxes \$ _____ Home owners ins. \$ _____ Renters insurance \$ _____ Utilities \$ _____ Rent or mortgage interest \$ _____

Enter expense amounts paid for maintenance and repair - HOME \$ _____

Description of HOME M&R expense _____

Enter expense amounts paid for maintenance and repair - OFFICE ONLY \$ _____

Description of OFFICE M&R expense _____

In the event that you have a refund for this tax year, do you want it applied towards Quarterly Estimated Tax Payments for the coming year? If yes, we will contact you to discuss options when return is complete. _____ yes _____ no



FORM B: CBSI did not do bookkeeping for current tax year

This form is used by clients who have had their bookkeeping done elsewhere or have done it themselves.

Total all business related expenses for each category, including tax deductible items from your Settlement Statements and provide the totals in the categories below. Do not round. Business related expenses that were reimbursed by cannot be included.

Do not send spreadsheets, other worksheets, or receipts that were used to collect or track the information. Keep them in a safe place.

What was your total income? \$ _____

Fuel	\$ _____	Motels & Showers	\$ _____
Tires	\$ _____	Uniforms & Laundry	\$ _____
Repairs & Maintenance	\$ _____	Casual Labor	\$ _____
Truck Washes	\$ _____	Damage Claims	\$ _____
Insurance (not health)	\$ _____	Postage, FedEx	\$ _____
Licenses	\$ _____	Idle-Air & Cell Phone	\$ _____
Parking, Tolls, Scales	\$ _____	<i>percentage used for business</i>	_____ %
Tools & Equipment	\$ _____	Internet Access Fees	\$ _____
Truck and/or Trailer Loan		<i>percentage used for business</i>	_____ %
Interest	\$ _____	Money Advance / ATM Fees	\$ _____
Truck and/or Trailer Lease	\$ _____	Miscellaneous	\$ _____
Fuel Tax	\$ _____	Other (list)	_____
HVUT - 2290	\$ _____		\$ _____
Supplies	\$ _____		\$ _____

What was your total expenses? \$ _____

Number of days on the road, overnight as an independent contractor/owner operator _____

We will calculate your tax deduction for meals. Do not include food receipts, but you must keep your logs for documentation.

Did you make any payments in 2011 that would require you to file Form(s) 1099 Misc.?	_____	_____
	yes	no
If YES, did you file all required forms?	_____	_____
	yes	no
If no, would you like CBSI to contact and file this for you?	_____	_____
Fee for filing 1099s --- \$15	yes	no



Rental Property

Provide the information for rental property activity during the current tax year. If there is more than one property, include a plain white sheet of paper with the same information outlined below. Do not round any numbers.

Property Address	Street _____	Purchase date	___ / ___ / _____
	_____	Purchase price	\$ _____
	City _____	Date put into use as rental	___ / ___ / _____
	State _____ Zip _____		

Number of days home used for personal use _____ Number of days rented _____

Type of rental ___ single family home ___ multi-family home ___ land

Total rental income \$ _____

Expenses

Advertising	\$ _____	Other interest	\$ _____
Cleaning & Maint.	\$ _____	Supplies	\$ _____
Commissions	\$ _____	Repairs and Maint.	\$ _____
Insurance	\$ _____	Taxes	\$ _____
Legal Fees	\$ _____	Utilities	\$ _____
Management Fees	\$ _____	Other (list)	\$ _____
Mortgage Interest	\$ _____	_____	\$ _____

Total Rental Expenses \$ _____

Net Income (or loss) \$ _____



Other Additional Business

Name of the business _____

If you have not set up a legal entity (LLC, S-Corp, etc.), list your name. You are a sole proprietor, by default.

Type of business _____

Date business started ___ / ___ / _____

Business address _____
street city state zip

Who is the operator of the business? _____
you spouse both

Do you use personal vehicle for business purposes? _____
If yes, provide the following information yes no

Percentage vehicle is used for business _____ % Total miles driven _____
Business miles _____
Personal miles _____

Was the vehicle available for personal use during non-business hours?
_____ yes _____ no

*Must have mileage log or other supporting documentation. DO NOT send with organizer. Keep in safe place.
Provide actual totals, by category. Do not round any numbers.*

Total Other Business Income \$ _____

Expenses

Advertising	\$ _____	Professional services	\$ _____
Bank charges	\$ _____	Rental equipment	\$ _____
Business insurance	\$ _____	Rent - other	\$ _____
Communications	\$ _____	Repairs	\$ _____
Contract labor	\$ _____	Supplies	\$ _____
Dues & publications	\$ _____	Taxes & licenses	\$ _____
Interest	\$ _____	Travel	\$ _____
Meals & entertainment	\$ _____	Other (list below)	_____
Miscellaneous	\$ _____		\$ _____
Office supplies	\$ _____		\$ _____
Postage	\$ _____		\$ _____

Total Other Business Expense \$ _____

Net Income (or loss) \$ _____

List any other business property owned by the business _____
