

Supplemental Schedule 1 - Business Income and Expenses (NOT prepared by EWH)

Business Name _____

FEIN Number _____

Entity Type: Sole Proprietorship Single Member LLC

Description of Business Activity _____

of 1099's Enclosed _____

	Amount
INCOME	
Gross Receipts or Sales	
Less:	
Returns & Allowances	
Cost of Goods Sold	
EXPENSES	
Advertising	
Commissions & Fees	
Contract Labor	
Employee Benefit Programs	
Insurance (other than health)	
Health Insurance	
Interest (mortgage to banks, etc.)	
Interest (other)	
Legal & Professional Services	
Office Expense	
Pension & Profit Sharing Plans	
Rent or Lease	
Repairs & Maintenance	
Vehicle (actual costs) or	
Vehicle (mileage)	
Supplies	
Taxes & Licenses	
Travel	
Meals & Entertainment	
Utilities	
Wages	
Other (please list)	
Business Assets Purchase (please list)	