ADVANCE TAX SERVICE

Business Income
Services and/or Products

SERVICE BUSINESS INCOME INFORMATION					
Customer Name	Customer Contact Information *(phone/address)*	Services Provided	Cost of Services	Number of Payments Received	INCOME
				TOTAL INCOME	$

PRODUCT SALES INCOME INFORMATION					
Product	Full Sale Price	Discounted Sale Price *(if applicable)*	Number of Products Sold at Full Price	Number of Products Sold at Discount *(if applicable)*	TOTAL SALES AMOUNT
				TOTAL SALES INCOME	$

COST OF GOODS SOLD

**Does not apply to taxpayers who do not have goods to sell*

TYPE OF EXPENSE	DESCRIPTION	DOLLAR VALUE
A. Inventory at beginning of year		$
B. Purchases *(less cost of personal use items)*		$
C. Materials and supplies *(for manufacturing goods)*		$
D. Cost of labor *(Do not include amounts paid to TP)*		$
E. Other Costs *(provide details)*		$
F. Add lines A-E		$
G. Inventory at end of year		$
	Cost of Goods Sold (subtract line G from line F)	$

Ensure all supporting documents including additional pages used for calculation of total amounts are attached

I have provided the above information to Advance Tax Service for the preparation of my ____ individual tax return

Taxpayer Signature _____ Date _____