

NAME _____

2009

BUSINESS INCOME & EXPENSES

Did you materially participate in the operation in 2009? Yes ___ No ___

Did you start or acquire this business during 2009? Yes ___

DWIGHT HETLETVED PC
CERTIFIED PUBLIC ACCOUNTANT
620 Main Avenue, PO Box 1106
Washburn, ND 58577-1106
701-462-3376
FAX 701-462-3371

LIST INCOME AMOUNT

EXPENSES

| | |
|---|--|
| ADVERTISING _____ | REPAIRS & MAINTENANCE _____ |
| CAR & PICKUP EXPENSE _____ | SUPPLIES _____ |
| (_____ Miles @ 55¢) _____ | TAXES & LICENSES _____ |
| COMMISSIONS AND FEES _____ | TRAVEL _____ |
| CONTRACT LABOR * _____ | MEALS & ENTERTAINMENT _____ |
| EMPLOYEE BENEFITS _____ | (_____ Days @ \$39/Day _____ (Jan 1 through Sept 30) |
| INSURANCE (Other Than Health) _____ | (_____ Days @ \$46/Day _____ (Oct 1 through Dec 31) |
| INTEREST - Mortgage (paid to banks, etc.) _____ | (_____ Days @ \$52/Day _____ (Jan 1 through Sept 30) (Transportation Industry - Maybe limited) |
| INTEREST - Other * _____ | (_____ Days @ \$59/Day _____ (Oct 1 through Dec 31) (Transportation Industry - Maybe limited) |
| LEGAL & PROFESSIONAL SERVICES _____ | UTILITIES AND TELEPHONE _____ |
| OFFICE SUPPLIES & POSTAGE _____ | WAGES _____ |
| PENSION & PROFIT SHARING PLANS _____ | DUES & SUBSCRIPTIONS _____ |
| RENT - Machinery & Equipment * _____ | OTHER EXPENSES (LIST) _____ |
| RENT - Other Business Property * _____ | _____ |
| BEGINNING INVENTORY _____ | _____ |
| INVENTORY PURCHASED DURING YEAR _____ | HEALTH INSURANCE _____ |
| INVENTORY AT YEAR END _____ | PREMIUMS PAID IN 2009 _____ |

*IF YOU PAID AN INDIVIDUAL RENT, INTEREST, OR LABOR (NOT WAGES) OF \$600 OR MORE - FORM 1099 NEEDS TO BE ISSUED

CAPTIAL PURCHASES

(Please provide copies of the invoices)

| New or Used | DATE PURCHASED | ASSET DESCRIPTION | TRADE-IN | AMOUNT PAID OR BOOT |
|-------------|----------------|-------------------|----------|---------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |