

**PROFIT OR LOSS FROM BUSINESS
GENERAL INFORMATION, INCOME, & INVENTORY**

NAME OF PROPRIETOR _____ EMPLOYER ID# _____

NAME OF BUSINESS _____

MAIN ACTIVITY/PRODUCT _____

BUSINESS ADDRESS _____

DID YOU ACTIVELY PARTICIPATE IN THE OPERATION OF THE BUSINESS DURING THE
TAX YEAR? YES _____ NO _____

METHOD(S) USED TO VALUE ENDING INVENTORY:

CASH _____ ACCRUAL _____ OTHER _____

ACCOUNTING METHOD:

CASH _____ ACCRUAL _____ OTHER _____

DATE BUSINESS WAS ACQUIRED _____

INCOME

GROSS SALES OR RECEIPTS _____ LESS: REFUNDS _____

OTHER INCOME _____

INVENTORY

INVENTORY, AS OF THE BEGINNING OF TAX YEAR _____

PURCHASES _____

OTHER COST _____

INVENTORY, AS OF THE END OF THE TAX YEAR _____