MEDICAL PROFES			E WORKSHEET YEAR Federal ID #					
IAME OF PRACTICE								
ADDRESS OF YOUR PRACTIC								
How many months was this pra- How many hours during the yea is any portion of your investmer	actice in operation du ar did you and/or yo	uring the ye our spouse d	ear? devote to t	12 M this practic	lonths e?	□ <i>or</i> From		
		BUSINE	ESS INC	COME *	,			
INCOME FROM SERVICES		clude all inco ervices provic	1.000			MISC. Bring in ALL 10 Non-Employee	099s received. Include Amount in Gross Sales.	
INCOME FROM PRODUCT S		7771000 p. 2	100			Do your records with the amount i	agree YES 🛄	
RETURNS/REFUNDS		included in Gross hat was refunded			Did you receive \$10,000.00 in actual cash from any			
OTHER INCOME				individual at any one time—or in ac amounts—during this tax year?				
▼ Sales of Equ	- ,		<u> </u>					
Kind of Property	Date Acquired	Date S	Sold	Gross Sale	es Price	Expenses of Sale	Original Cost	
▼ BUSINESS EXPEN TOTAL COST OF PRODUCT & SUPPLIES FOR RESALE			Shipping cost to receive product or materials, if not included in purchases INVENTORY AT END OF YEAR How did you arrive at inventory value?					
PERSONAL USE: Actual cost used by you	t of above items ou and your family			•		ory value? wer of Cost or Market Val	lue 🗖	
▼ CAR and TRUCK (for calling on customers, maki		ng up goods	s, attendin			▼ OFFICE	E in HOME ▼	
Year and Make of Vehicle						Total Cost		
Date Purchased (month, date and	year)					Cost Of Land		
Ending Odometer Reading (December	er 31)					Cost Of Improvemen	nts	
Beginning Odometer Reading (Januar	ry 1)				Sq. Footage Of Home			
Total Miles Driven (End Odo – Begin	Odo)					Sq. Footage Of Office	e Area	
Total Business Miles (do you have	e another vehicle?)					Rent Paid (If You Re	:nt)	
Total Commuting Miles						Interest		
Parking Fees and Tolls						Taxes		
License Plates						Utilities/Garbage		
Interest	/		- 14.			Insurance		
Continue below if you take actual expense (must use actual			xpenses ıt y	you lease)		Repairs/Maintenanc		
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.						Hours Worked Per V	-	

MEDICAL PROFESSIONAL'S EXPENSES (continued)

(must be ordinary and necessary)

ADVERTISING/F	PROMOTION: Ads, b	usiness ca	rds,	7	EXPENSES	(AWAY FROM HON	ME OVERNIGHT):				
greeting cards,			, <u> </u>		Lodg	•	, 				
*COMMISSIONS & FEES PAID: Contract labor.					Meals & tips (keep total separate from other costs)						
EMPLOYEE BENEFITS: Health Insurance, company					Convention fees						
party, mileage reimbursements, etc.					Cruise ship convention/seminar						
INSURANCE: Worker's comp, business liability (do					Airplane or train fares						
not include auto/truck/health), malpractice.					Auto rental, taxis or bus fares						
INTEREST:	Mortgage					(incidentals, laund					
Paid to financial institution					MEALS & ENTERTAINMENT: Business meals						
	Paid to individua	al			Gifts (limited to \$25 per individual or couple)						
OTHER INTERE					Tickets						
	not include auto or				Tickets to qualified charitable events						
	life insurance loan		У		UTILITIES & TELEPHONE:						
	siness only credit ca				Electricity (business)						
	FESSIONAL: Attorne				Natural gas/heating fuel (business)						
	s, business, permits		g svc.		Garbage, water, sewer (business)						
OFFICE EXPENS	SE: Postage, statione books, pens, etc.	ery, office			Telephone (bus. line, second line, other options)						
	IT SHARING: Emplo	wees only				ess long distance	(from home telephon	e)			
	Machinery and				WAGES:	(bring your copy o been filed)	f W-2s/941s if they ha	ve			
ILMI/LEASE:	Other business						(subject to Soc.Sec. a	nd			
*DEDAIDE O BAA	AINTENANCE: Build		ent			Medicare tax)	•				
etc. (do not inclu		ing, equipm	oit,		Children under 18 (not subject to Soc.Sec. and Medicare tax)						
SUPPLIES:	Misc. (not include	ded elsewh	ere)		Other						
33 2.20	medical supplie				OTHER EX	PENSES (not listed	d elsewhere):				
TAXES: Per	sonal property						als and publications				
		١			Uniforms and upkeep						
	enses (not auto/truck	,	land			Union and pro	fessional dues				
	al estate of busines		lanu		Education, seminars						
	es tax (if included in	·	`		Reference books						
	roll (your share Soc.	Sec./Medical	'e)			Printing & Co	ovina				
' - '	er of nights away):	···				Lab fees	-, 3				
City City City					Shipping (product to customer)						
City City City											
City	CityC	City				-					
(0	Computers, office e	quipment, f	-			not for sale with	lives of more than o				
Item Purchased	Date Purchased	Business Use %	Cost (including sales tax)	Item Trade	ed	Additional Cash Paid	Traded with Related Property	Other Information			
corporations) for	ints of \$600.00 or or rent, interest, or ire information retur	services re	ndered to you in you		recipient. I	f recipient does n ou are required to		nalty can be \$150 per his/her Social Security e payment(s). Purpose of Payment			