

2021 Business Fact Sheet

(This planner can also be found on our website as a fill-in form. www. LHPC.us)

Cash Reconciliation:

Cash - Checking @ Beginning of Year	_____
Cash - Savings @ Beginning of Year	_____
Sales	+ _____
Returns & Allowances	- _____
Credit Card Income (1099-K)	+ _____
Other Business Income (Interest, Refunds etc..)	+ _____
Distributions (Dividends/Draws paid To Owners)	- _____
Total Expenses (B)	- _____
Cash - Checking @ End of Year	_____
Cash - Savings @ End of Year	_____
Inventory @ Beginning of Year	_____
Inventory @ End of Year	_____

Business Mileage:

Date Vehicle placed in service	_____
Total Business Mileage Driven:	_____
January - December 2021 @ 0.56	_____
Transport Business Days Away/Overnights:	_____
Per diem of \$66/day (Jan.-Sept.) =	_____
Per diem of \$69/day (Oct.-Dec.) =	_____
Transportation workers allowed 80% =	_____

Equipment Purchased:

Item	Date	Cost

Equipment Sold:

Item	Date	Selling Price

Office in Home Expense:

Office Square footage
Home Square footage
Insurance (homeowner's)
Real Estate Taxes
Utilities
Other:

Expenses:

Advertising	_____
Car & Truck : Fuel	_____
Car & Truck : Insurance	_____
Car & Truck : License Plates	_____
Car & Truck : Maintenance	_____
Car & Truck : Repair	_____
Commissions & Fees	_____
Contract Labor	_____
Employee Benefit Programs	_____
Insurance (other than health)	_____
Interest:	
Mortgage (paid to banks, etc.)	_____
Other - Car Loan	_____
Legal & Professional Services	_____
Office Expenses	_____
Pension & Profit-sharing Plans	_____
Rent or Lease:	
Vehicles, machinery, and equipment	_____
Other business property	_____
Repairs & Maintenance	_____
Supplies	_____
Taxes & Licenses	_____
Travel, Meals, and Entertainment:	
Travel	_____
Meal & Entertainment	_____
Utilities	_____
Wages to Employees	_____
Payroll Taxes	_____
Other Expenses:	
Cell Phone	_____
Donations (from business only)	_____
Dues & Subscriptions	_____
Internet	_____
Postage	_____
Purchases (Mat'l, Products etc..)	_____
Shipping & Handling	_____
Small Tools	_____
Tolls	_____
Other Misc. Expenses (please list):	_____

TOTAL EXPENSES (B)	_____

To the best of my knowledge the enclosed information is correct and includes all income, deductions, and other information necessary for the preparation of this year's return.

_____ Date _____
Taxpayer's Signature