

# FINANCIAL ANALYSIS DATA - BUSINESS (FAD-B) 2017

by Gary W Lundgren, EA  
www.TaxBulldog.com

~~~ CAREFULLY READ THE INFORMATION BELOW BEFORE COMPLETING THIS PACKET. ~~~

Thank you for hiring us to help you resolve your tax issues. Our goal is to resolve your tax issue in a manner that is compliant with your needs and within the confines of the law. **The following packet must be completed in its entirety.** The information in this packet should be information pertaining to your current financial affairs. If certain questions do not pertain to you, please write "N/A" for the answer. All questions need to be answered one way or another. Complete amount fields rounding to the nearest dollar.

**Returning an incomplete Financial Analysis Data packet will not only delay the processing of the packet, it may also result in the incomplete packet being returned to you.** We request that you review the entire packet first, and if you have any questions please contact us at **814-410-2900**. This packet is editable and savable as a PDF document.

Please allow **at least** two (2) weeks for us to review the extensive information listed in this packet as well as the documents sent with the packet. If the requested documents are not sent with the packet, we will be unable to begin preparing your resolution. Please keep in mind that if we are preparing tax returns for you, this review could take even longer. Please be sure to type or print carefully and legibly.

Please note that the Internal Revenue Service will require that your financial information be no older than two (2) months at the time they are reviewing your case. Therefore, it may be necessary for us to request updated financial information even after this packet is accepted and reviewed.

Please send a signed copy of your filed **Personal and Business 2016 Tax Return** along with the complete packet.

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**DO NOT SEND ANY ORIGINAL DOCUMENTS**  
Original documents cannot be returned to you. Send copies only.

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PLEASE KEEP A COPY OF THE PACKET FOR YOUR RECORDS. WE WILL REFER TO THIS PACKET;  
THEREFORE, IT IS BEST TO KEEP A COPY OF WHAT YOU SENT TO US.

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## Compliance Information

Please be advised that the IRS will require that you are compliant with all tax regulations prior to the acceptance of a tax resolution. The main regulations that must be adhered to are listed below:

1. The last 6 to 7 years of federal tax returns must be filed and assessed;
2. All future tax returns must be filed and paid by their original due date without extension to file;
3. If you are required to make estimated tax payments, you must do so timely. Usually on a monthly basis on the 15th of the month;
4. If you are a wage earner, you must have adequate taxes withheld. Claiming the proper withholding allowances on your W4 form with your employer;
5. If you are a business owner with employees, you must be filing and paying employment taxes timely.

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**Please be advised that the IRS may require proof of compliance at any time during negotiations for your resolution, or after your resolution is finalized. Noncompliance will cause your resolution to default and may result in the IRS pursuing collection actions.**

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**If you need help or have questions, please contact us at 814-410-2900.**

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*Gary W Lundgren, EA*  
www.TaxBulldog.com

314 Chrysler Ave • Johnstown PA 15904-3012  
814-410-2900 voice • 866-309-7380 fax

## BUSINESS INFORMATION

If you own multiple businesses, you must complete a separate FAD-B for each business.

**Name of Business:** \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Business Mail Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County/Parish: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

**Product or Service Provided:** \_\_\_\_\_

Business website: \_\_\_\_\_

**Federal Employer Identification Number (FEIN):** \_\_\_\_\_

Your Social Security Number is not an FEIN - please list N/A if you do not have an FEIN.

**State Tax ID#:** \_\_\_\_\_

**State Unemployment Tax#:** \_\_\_\_\_

**State Sales/Use Tax#:** \_\_\_\_\_

Date Established/Incorporated (mm/dd/yyyy): \_\_\_\_\_

Date Business Closed, if not still open (mm/dd/yyyy): \_\_\_\_\_

**Type of Business:**

\_\_\_ Sole Proprietor (1099 income received) - reported on Schedule C.

\_\_\_ Limited Liability Company - Income reported on Schedule C or Form 1120.

\_\_\_ Single Member LLC

\_\_\_ Classified as Corporation

\_\_\_ Other LLC - number of members: \_\_\_\_\_

\_\_\_ Partnership - Income reported on Form 1065

\_\_\_ Corporation - Income reported on Form 1120

\_\_\_ S-Corporation

\_\_\_ C-Corporation

\_\_\_ Other: \_\_\_\_\_

**Are you paying your Estimated Tax Payments for the 2017 tax year?** \_\_\_ No \_\_\_ Yes (if Yes, complete the following)

Amount you are paying per quarter \$ \_\_\_\_\_

*\*Please be advised that the IRS will require that you are compliant with all tax regulations prior to the acceptance of a tax resolution, if you are required to be making estimated tax payments, you must be doing so. The IRS may require proof of compliance at any time during the negotiations for your resolution or after your resolution is finalized.*

**Do you have employees?** \_\_\_ Yes \_\_\_ No (if Yes, complete the section below)

Date you first hired employees (mm/dd/yyyy): \_\_\_\_\_

Date last employee worked (mm/dd/yyyy): \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Average Monthly Gross Payroll \$ \_\_\_\_\_

Frequency of Tax Deposits: \_\_\_\_\_ Are Employees W-2 or 1099 earners? \_\_\_\_\_

Is the business enrolled in Electronic Federal Tax Payment Systems (EFTPS) \_\_\_ Yes \_\_\_ No

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**Business Information**

**PAYMENT PROCESSORS - OWNERS, OFFICERS, PARTNERS**

**If this page does not apply to you, please check here \_\_\_\_.**  
**All pages must be returned even if the page does not apply to you.**

**Does the business engage in e-Commerce (internet sales):** \_\_\_\_ Yes \_\_\_\_ No (if Yes, complete the section below)

**1st Payment Processor** (e.g. PayPal, Authorize.net, Google Checkout, etc.): \_\_\_\_\_  
Payment Processing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Payment Processing Account Number: \_\_\_\_\_

**2nd Payment Processor** (e.g. PayPal, Authorize.net, Google Checkout, etc.): \_\_\_\_\_  
Payment Processing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Payment Processing Account Number: \_\_\_\_\_

**Does the business accept credit cards:** \_\_\_\_ Yes \_\_\_\_ No (if Yes, complete the section below)

**1st Credit Card:** \_\_\_\_\_  
Merchant Account# \_\_\_\_\_  
Merchant Account Provider Name: \_\_\_\_\_  
Merchant Account Providers Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**2nd Credit Card:** \_\_\_\_\_  
Merchant Account# \_\_\_\_\_  
Merchant Account Provider Name: \_\_\_\_\_  
Merchant Account Providers Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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**List all Partners, Officers, LLC Members, major stockholders (5% or more), etc. If there are more than two, attach a separate sheet that gives the complete information as below.**

**1st Partner, Officer, Member, Major Shareholder, etc.**

Complete Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Responsible for depositing payroll taxes? \_\_\_\_ Yes \_\_\_\_ No Social Security Number: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_  
Ownership Percentage, shares, or interest: \_\_\_\_\_  
Annual salary / draw \_\_\_\_\_

**2nd Partner, Officer, Member, Major Shareholder, etc.**

Complete Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Responsible for depositing payroll taxes? \_\_\_\_ Yes \_\_\_\_ No Social Security Number: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Work/Cell Number: \_\_\_\_\_  
Ownership Percentage, shares, or interest: \_\_\_\_\_  
Annual salary / draw \_\_\_\_\_

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## FINANCIAL QUESTIONS

**If this page does not apply to you, please check here \_\_\_\_.**  
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**Does the business use a Payroll Service Provider or Reporting Agency?** \_\_\_ Yes \_\_\_ No

(if Yes, complete the below)

Payroll Service Provider Name: \_\_\_\_\_

Payroll Service Provider Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Effective Dates (mm/dd/yyyy): \_\_\_\_\_

**Is the business party to a lawsuit?** \_\_\_ Yes \_\_\_ No (if Yes, complete the following)

\_\_\_ Plaintiff \_\_\_ Defendant Location of filing: \_\_\_\_\_

Represented by: \_\_\_\_\_ Docket/Case# \_\_\_\_\_

Amount of Suit \$ \_\_\_\_\_ Possible Completion Date (mm/dd/yyyy) \_\_\_\_\_

Subject of suit \_\_\_\_\_

**Has the business ever filed for bankruptcy?** \_\_\_ Yes \_\_\_ No (if Yes, complete the following)

Date Filed (mm/dd/yyyy) \_\_\_\_\_ Date Dismissed/discharged (mm/dd/yyyy) \_\_\_\_\_

Petition # \_\_\_\_\_ Location (State) \_\_\_\_\_

**Do any related parties (e.g. officers, partners, owners, employees) have any outstanding amounts owed to the business?** \_\_\_ Yes \_\_\_ No (if Yes, complete the following) Date of loan (mm/dd/yyyy) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Balance \$ \_\_\_\_\_ As of (mm/dd/yyyy) \_\_\_\_\_

Payment Date (mm/dd/yyyy) \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_

(Attach additional sheets if needed that detail all the items above.)

**Have any assets been transferred, in the last 10 yrs, from the business for less than full value?**

\_\_\_ Yes \_\_\_ No (if Yes, complete the below)

Asset Description \_\_\_\_\_

Value at time of transfer \$ \_\_\_\_\_

Date of transfer (mm/dd/yyyy) \_\_\_\_\_

To whom or where transferred \_\_\_\_\_

**Does the business have any other affiliations (e.g. subsidiary or parent company)** \_\_\_ Yes \_\_\_ No

(if Yes, complete below)

Related business FEIN \_\_\_\_\_

Related Bbusiness name \_\_\_\_\_

Related business address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Is the business anticipating any increase/decrease in income?** \_\_\_ Yes \_\_\_ No (if Yes, complete the following)

Explain \_\_\_\_\_

(don't list annual salary increases)

How much will it increase/decrease? \$ \_\_\_\_\_

When will it increase/decrease (mm/dd/yyyy) \_\_\_\_\_

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Financial Questions

# BANKING, FEDERAL CONTRACTING, ACCOUNTS RECEIVABLE

If this page does not apply to you, please check here \_\_\_\_.  
All pages must be returned even if the page does not apply to you.

## Bank Accounts

Does the business have bank accounts? \_\_\_ Yes \_\_\_ No (if Yes, complete the following)

Include checking, savings, online bank accounts, stored value cards (e.g. payroll cards, government benefit cards, etc.) If you have more than two accounts, attach a separate sheet. DO NOT LIST ANY PERSONAL ACCOUNTS

### 1st Account

Year account opened \_\_\_\_\_ Type: \_\_\_ Checking \_\_\_ Savings \_\_\_ Stored Value/Debit card

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Average account balance \_\_\_\_\_

Is this account used for business purposes only? \_\_\_ Yes \_\_\_ No (if No, specify) \_\_\_\_\_

### 2nd Account

Year account opened \_\_\_\_\_ Type: \_\_\_ Checking \_\_\_ Savings \_\_\_ Stored Value/Debit card

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Average account balance \_\_\_\_\_

Is this account used for business purposes only? \_\_\_ Yes \_\_\_ No (if No, specify) \_\_\_\_\_

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Is the business a Federal/State Contractor? \_\_\_ Yes \_\_\_ No (if Yes, include Federal/State Government Contracts below). A **Federal Contractor** is defined by U.S. Code "to include any person who enters into a contract with the United States or any department or agency thereof for the rendition of personal services and whose compensation is paid in whole or in part from funds appropriated by Congress."

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Does the business have any accounts/notes receivable: \_\_\_ Yes \_\_\_ No (if Yes, complete the below)

Account/Note Receivable: Money which is owed to a company by a customer for products and services provided on credit. A specific sale is generally only treated as an account receivable after the customer is sent an invoice. If you have additional account/note receivables please attach a separate sheet of paper.

### 1st Account/Note Receivable

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Status (e.g. age, factored, other) \_\_\_\_\_

Due date (mm/dd/yyyy) \_\_\_\_\_ Amount due \$ \_\_\_\_\_

Invoice Number or Federal Government Contract Number \_\_\_\_\_

### 2nd Account/Note Receivable

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact name \_\_\_\_\_

Contact Phone# \_\_\_\_\_ Status (e.g. age, factored, other) \_\_\_\_\_

Due date (mm/dd/yyyy) \_\_\_\_\_ Amount due \$ \_\_\_\_\_

Invoice Number or Federal Government Contract Number \_\_\_\_\_

If you need help or have questions, please contact us at 814-410-2900.

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FAD-B (11-25-16)

Banking, Federal Contracting, A/R

# INVESTMENTS, CREDIT, REAL PROPERTY

If this page does not apply to you, please check here \_\_\_\_.  
All pages must be returned even if the page does not apply to you.

## Investments

List all investment assets below. Include stocks, bonds, mutual funds, stock options, and certificates of deposits. If you have more than two investments, attach a separate sheet.

**1st Investment Company** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Used as collateral on loan \_\_\_ Yes \_\_\_ No  
Current Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

**2nd Investment Company** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone# \_\_\_\_\_ Used as collateral on loan \_\_\_ Yes \_\_\_ No  
Current Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

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## Available Credit

List all lines of open bank issued credit cards/lines. Do not list department store credit cards. If you have more than two cards, attach a separate sheet.

**1st Credit Institution** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account# \_\_\_\_\_  
Credit Limit \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Available Credit \$ \_\_\_\_\_

**2nd Credit Institution** \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Account# \_\_\_\_\_  
Credit Limit \$ \_\_\_\_\_ Amount Owed \$ \_\_\_\_\_ Available Credit \$ \_\_\_\_\_

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**Real Property** Include all real property owned/leased/rented by the business. If you have more than one real property, attach a separate sheet.

**Property Description/Purpose** \_\_\_\_\_  
\_\_\_ Own \_\_\_ Rent \_\_\_ Lease  
Purchase/Lease/Rent Date (mm/dd/yyyy) \_\_\_\_\_  
Current Fair Market Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_  
Amount of Monthly Payment \$ \_\_\_\_\_ Date of Final Payment (mm/dd/yyyy) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Lender/Lessor/Landlord Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If you need help or have questions, please contact us at 814-410-2900.

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## VEHICLES, EQUIPMENT, LIABILITIES

**If this page does not apply to you, please check here \_\_\_\_.**  
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### Owned/Leased Vehicles:

Include all leased and/or purchased vehicles. (include boats, RV's, motorcycles, trailers, mobile homes, etc.)

**1st Automobile and/or licensed asset:** \_\_\_\_ Owned \_\_\_\_ Financed \_\_\_\_ Leased

Year \_\_\_\_\_ Mileage \_\_\_\_\_ Purchase Date (mm/dd/yyyy) \_\_\_\_\_

Current Market Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

(can be found on www.kbb.com) Amount of monthly payment \$ \_\_\_\_\_

Date of Final Payment (mm/dd/yyyy) \_\_\_\_\_ Make & Model \_\_\_\_\_

Lender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Is vehicle used for business purposes only?** \_\_\_\_ Yes \_\_\_\_ No

If No, specify other purpose vehicle is used for \_\_\_\_\_

**2nd Automobile and/or licensed asset:** \_\_\_\_ Owned \_\_\_\_ Financed \_\_\_\_ Leased

Year \_\_\_\_\_ Mileage \_\_\_\_\_ Purchase Date (mm/dd/yyyy) \_\_\_\_\_

Current Market Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

(can be found on www.kbb.com) Amount of monthly payment \$ \_\_\_\_\_

Date of Final Payment (mm/dd/yyyy) \_\_\_\_\_ Make & Model \_\_\_\_\_

Lender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Is vehicle used for business purposes only?** \_\_\_\_ Yes \_\_\_\_ No

If No, specify other purpose vehicle is used for \_\_\_\_\_

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**Business equipment:** Include all vehicles, machinery, equipment, inventory, owned by the business. If there is more than one asset, attach additional sheets as needed.

**Asset Description** \_\_\_\_\_ Purchase/Lease/Rental Date (mm/dd/yyyy) \_\_\_\_\_

Current Market Value \$ \_\_\_\_\_ Current Loan Balance \$ \_\_\_\_\_

Amount of Monthly Payment \$ \_\_\_\_\_ Date of Final Payment (mm/dd/yyyy) \_\_\_\_\_

Address of Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County/Parish \_\_\_\_\_

Lender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Business Liabilities:** If you have more than one liability, attach separate sheets as needed.

Liability Description \_\_\_\_\_ Secured \_\_\_\_ Unsecured

Date Pledged (mm/dd/yyyy) \_\_\_\_\_ Balance Owed \$ \_\_\_\_\_

Date of Final Payment (mm/dd/yyyy) \_\_\_\_\_ Amount of Monthly Payment \$ \_\_\_\_\_

Lender \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# \_\_\_\_\_

**If you need help or have questions, please contact us at 814-410-2900.**

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FAD-B (11-25-16)

**Vehicles, Equipment, Liabilities**

**PROFIT & LOSS STATEMENT**

**If this page does not apply to you, please check here \_\_\_\_.**  
**All pages must be returned even if the page does not apply to you.**

**Yearly Income & Expenses (You must provide actual figures, not estimates).**  
**Only list business income/expenses. Do not list any personal expenses here.**

If you are completing this **before July** of this year you must provide all information from January 1st through the latest month completed, or provide a copy of your business **2016 Tax Return.**

If you are completing this **after July** of this year, you must provide all information from **January 1st 2017** through the latest month completed.

**Period from** (mm/dd/yyyy): \_\_\_\_\_ **through** (mm/dd/yyyy): \_\_\_\_\_

**INCOME** (year to date amounts as it pertains to the above time frame (not monthly))

Gross Receipts from Sales, Services, etc. .... \$ \_\_\_\_\_

**BUSINESS EXPENSES** (year to date amounts as it pertains to the above time frame (not monthly))

|                                                                              |    |       |
|------------------------------------------------------------------------------|----|-------|
| Materials Purchased .....                                                    | \$ | _____ |
| Inventory Purchased .....                                                    | \$ | _____ |
| Gross Wages/Salaries Paid .....                                              | \$ | _____ |
| Office Rent (office/facilities/equipment - do not include home office) ..... | \$ | _____ |
| Supplies .....                                                               | \$ | _____ |
| Utilities (telephone, etc - do not include home office utilities) .....      | \$ | _____ |
| Vehicle Operating Costs * .....                                              | \$ | _____ |
| List Vehicle Used in Business: _____ Mileage: _____                          |    |       |
| Repairs/Maintenance (not including home office or vehicle) .....             | \$ | _____ |
| Insurance (not including home office or vehicle) .....                       | \$ | _____ |
| Current Taxes - Type of Taxes: _____ (do not include personal income tax) \$ |    | _____ |
| Professional Fees (do not include our fees) .....                            | \$ | _____ |
| Office Expenses .....                                                        | \$ | _____ |
| Entertainment .....                                                          | \$ | _____ |
| Advertising/Marketing .....                                                  | \$ | _____ |
| Travel (out of town only) .....                                              | \$ | _____ |
| Dues & Subscriptions .....                                                   | \$ | _____ |
| Business Debt Payments .....                                                 | \$ | _____ |
| Other Expenses: _____                                                        | \$ | _____ |
| _____                                                                        | \$ | _____ |
| _____                                                                        | \$ | _____ |
| _____                                                                        | \$ | _____ |
| _____                                                                        | \$ | _____ |
| _____                                                                        | \$ | _____ |
| _____                                                                        | \$ | _____ |
| _____                                                                        | \$ | _____ |

\* If you use the vehicle 100% in your business list actual costs of fuel, maintenance, insurance, and payments. Be prepared to provide a detailed list if asked. Otherwise list the number of miles for business for the time period and we will calculate the rate for you. The mileage rate is often results in a better amount for you.

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**P&L**