



Grant Taxes, LLC

Tax Year: _____

Business Name: _____

EIN: _____

Accounting Method (accrual or cash): _____

Income	Amount
Revenue/Sales	\$
Discounts	\$
Other Income	\$

Expense Category	Amount	Expense Category	Amount
Accounting	\$	Postage	\$
Advertising	\$	Printing	\$
Bad Debts from sales or service	\$	Rent or lease, vehicles	\$
Bank Charges	\$	Rent or lease, machinery	\$
Car & Truck Expenses	\$	Rent or lease, equipment	\$
Charitable Contributions	\$	Repairs	\$
Commissions	\$	Security	\$
Contract Labor	\$	Federal start-up costs	\$
Delivery & freight	\$	Supplies	\$
Dues and Subscriptions	\$	Sales Tax	\$
Education	\$	Telephone	\$
Health Insurance	\$	Travel	\$
Insurance	\$	Meals	\$
Mortgage (1098)	\$	Uniforms	\$
Janitorial	\$	Wages	\$
Laundry & cleaning	\$	Fuel	\$
Legal & professional	\$	Other (describe):	\$
Office expenses	\$	Other (describe):	\$
Parking & tolls	\$	Other (describe):	\$
Payroll Taxes	\$	Other (describe):	\$

I hereby certify that all information provided to the tax preparer for the purpose of completing my tax return is true, correct, and complete to the best of my knowledge.

Print Name: _____

Signature: _____ Date: _____



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Expense Category	Amount	Expense Category	Amount
Other (describe):	\$	Other (describe):	\$
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