## WHITE OAK

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## BUSINESS TAXSAVER FOR TAX YEAR ENDING: 2024

PHONE (815) 758-7111 FAX (815) 758-1870

www.whiteoaktaxes.com

Your Phone Number:	Federal ID#:				
Business Name:					
Business Address:	City:State:ZIP:				
	ver \$600. Please get all 1099 and W-2 info to us as				
	dividual \$600 or more for services, you need to issue claim the exemption. *See Page 2				
BUSINESS INCO	DME & EXPENSES				
INCOME:					
Gross Receipts on Sales:	COST OF GOODS SOLD:				
Less returns & allowances:	Inventory 12/31/23:				
	Plus purchases				
NET GROSS SALES:	Subtotal				
Other Business Income: (List)	Less: Returns:				
	Personal use items :				
	Other costs (list):				
	Inventory 12/31/24:				
Self-Employed Health Insurance Premiums:	Note: Did you or do you want to				
Self-Employed Fleath insurance Fremiums.	contribute to a retirement plan?				
OPERATING	G EXPENSES				
Advertising:	Repairs				
Bad debt form sales or service:	Supplies				
Auto / truck expenses:	Taxes:				
Gas / oil	Real estate				
Repairs	Personal property				
License	State sales tax (If in income)				
Insurance	 Travel				
Business miles driven:	Uniforms				
Note: See page 2 for vehicle worksheet					
Commissions paid	Meals & entertainment				
Dues & publications	Utilities:				
Freight / trucking	Telephone				
Insurance:	Electric				
Liability	Gas / oil				
Employee health	Water / sewer				
Property	Trash				
Workmen's compensation	Payroll				
Other business insurance	Payroll taxes:				
Interest paid to banks	Fica / Medicare				
Interest paid to individuals	FUTA				
Name: SS#	IDES				
	Wages paid to dependents under age 17 (List):				
Laundry & cleaning					
Legal & professional fees	Other expenses (list):				
Postage & office supplies	. , ,				
Rent or lease paid:					
Building / land	<u> </u>				
Machinery & equipment					

SALE OF BUSINESS PROPERTY & EQUIPMENT								
<u>Description</u>	Date Sold	Amount Recvd		Date Purchased		Amount Paid		
CAPITAL IMPROVEMENTS AND ADDITIONS TO PROPERTY AND EQUIPMENT								
<u>Description</u>	Date Pu	rchased Total Co		ost	Cash Paid	Item Traded		

\*1099 Information: Name, Address, Social Security Number and Amount Paid: For Rent: \_\_ For Services: Vehicle #1 Vehicle Worksheet: Vehicle #2 Vehicle #3 Vehicle #4 Description (e.g. yr/model)) Date Placed in Service Beginning Odometer Reading: Ending Odometer Reading: Total # of Miles: # of Business Miles: NOTES OR QUESTIONS YOU HAVE: