

MEDICAL P&L WORKSHEET

Business Income & Expenses (P&L)



Business Name or dba _____	Federal Tax ID _____	Tax Year _____
Principle Business _____		Business Code _____

Income

Cash or Check \$ _____

1099-K Merchant Income \$ _____

Total Income \$ _____

Medical Uniforms/Shoes \$ _____

Accounting/Tax Services \$ _____

Subscriptions (Journals) \$ _____

Memberships/Fees \$ _____

Medical Supplies Purchases \$ _____

Other Office Expenses \$ _____

Meals and Entertainment \$ _____

Travel Expenses \$ _____

Cell Phone/Pager \$ _____

Software Purchases \$ _____

Software Subscriptions \$ _____

Medical Equipment (< \$2,500) \$ _____

Gen Office Equipment (< \$2,500) \$ _____

General Repairs/Maintenace \$ _____

Inventory (Start of Year) \$ _____

Inventory (End of Year) \$ _____

Website Maintenance \$ _____

Expenses

Advertising \$ _____

Printing (Brochures/Bus Cards) \$ _____

Wages Paid to Employees \$ _____

Payroll Expenses \$ _____

Worker's Comp Insurance \$ _____

Disability Insurance \$ _____

Medical Malpractice Insurance \$ _____

Health Insurance Premiums \$ _____

Business Insurance (GL, E&O) \$ _____

Legal /Attorney Fees \$ _____

Medical Licenses \$ _____

Continuing Education \$ _____

Retirement Plan (SEP/Ira , 401K) \$ _____

BUSINESS VEHICLE INFORMATION

Vehicle Description (Year/Make) _____	DMV License Fee _____
Total Mileage for Year _____	Tolls and Parking \$ _____
Portion that is Business Mileage _____	Lease or Interest Loan Expense \$ _____
Leased or Owned _____	

DEPRECIABLE TOOLS AND EQUIPMENT > \$2,500.00

Description	Date Placed in Service	Cost of Item
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

HOME OFFICE INFORMATION

Square Footage of Entire House _____	Mortgage Interest \$ _____
Square Footage of Work Space _____	Real Estate Tax \$ _____
FMV of Home \$ _____	Utilities/Common Expenses \$ _____
Value of Land Included in FMV \$ _____	Home Insurance \$ _____
Date Placed in Service _____	Annual Rent/Lease \$ _____
	Repairs & Maintenance \$ _____