RECONSTRUCTION OF BUSINESS

Business Income & Expenses

Business Type: _____ Business Name: _____

Business Income: _____ Corrected Income: _____

Expense	Monthly	Yearly
Advertising	$	$
Car & Truck	$	$
Insurance	$	$
Legal Professional	$	$
Office Supplies	$	$
Rent	$	$
Repairs	$	$
Business Supplies	$	$
Taxes & Licenses	$	$
Travel	$	$
Utilities	$	$
Cell Phone	$	$
Fuel	$	$
Other:	$	$
Other:	$	$
Other:	$	$
Other:	$	$
Other:	$	$
Other:	$	$
Other:	$	$
Other:	$	$
	Monthly Total: $	**Year Total: $**

To calculate your corrected income: Income – (Monthly Total x 12) = Corrected Income

My signature below certifies that the income and expenses were reconstructed by me and My Tax Preparer. I further certify that these calculations for the business are accurate and true. If audited, I can supply the necessary documentation to substantiate for the information provided above.

Taxpayer Print Name: _____ Date: _____

Taxpayer Signature: _____ Date: _____

SUMMARY OF INCOME & EXPENSES

		SUPPLIES	SUPPLIES COST
Tax payer Name:		Supply 1:	
Business Type:		Supply 2:	
Business Name:		Supply 3:	
Average Service Fee:		Supply 4:	
Average Clients per week:		Supply 5:	
Mileage/Fuel		Supply 6:	
Office Square Foot		Supply 7:	
		Supply 8:	
		Supply 9:	
		Supply 10:	
		Supply Total Cost:	
MONTHS OF SERVICE	**MONTHLY INCOME**	**MONTHLY EXPENSE**	**INCOME NOTES**
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
2026 Total Income:			
Corrected Income:			

I attest that all information provided on this client info sheet is true and accurate, and is subjected to IRS review.

Client Name: _____

Client Signature: _____-_____

Date: _____