

Food Delivery Business Income & Expenses

Name of Business: _____ **Tax Id #** _____

Address : _____ **Phone Number:** _____

Tax Year Ending: _____

Income	
Food Delivery Income	
Other Income	
Total Income	

Income:
 Total revenue received by the business for services rendered and for product sales. Include all 1099 income for services performed.

Expenses	
Advertising	
Commissions & Fees	
Bank Fees	
Credit Card Processing Fees	
Food Delivery Commissions	
Insurance(other than Health & Auto)	
Liability Insurance	
Other Insurance	
Interest Expense	
Other Interest	
Legal & Professional Services	
Attorney/Legal Fees	
Bookkeeping Fees	
Payroll Processing Fees	
Supplies	
Rent or Lease	
Equipment Rental	
Storage Rental	
Vehicle Rental	
Other Rental Expenses	
Taxes & Licenses	
City Licenses	
Permits	
Other	

Expenses:
 All necessary expenses for producing income.

 *Do not include personal expenses.

Travel & Meals	
Meals	
Travel	
Hotel	
Other Expenses	
Cellphone	
Other Expenses	
Vehicle Expenses	
Gasoline	
Parts	
Repairs & Maintenance	
Auto Insurance	
DMV	
Business Mileage	
Personal Mileage	
Date Placed in Service	

*Only include travel and meal expenses needed to conduct your business.

*If more than one vehicle, please see automobile expenses worksheet.

*Include below equipment purchased for the business with a lifespan of more than one year.

Purchased Equipment		
Description	Cost	Date of Purchase

Under penalty of perjury, I declare to the best of my knowledge and belief, this statement of income and expenses is true, correct and complete.

Signature: _____