

Food & Restaurant Tax Preparation Expense Summary

Tax Year: _____

Client Information

Business Name: _____

Owner Name: _____

Business Address: _____

Phone: _____ **Email:** _____

Business Structure:

- Sole Proprietor
- Partnership
- LLC
- S Corporation
- C Corporation

EIN (if applicable): _____

Type of Food Business:

- Restaurant
 - Café / Coffee Shop
 - Food Truck
 - Catering Business
 - Bakery
 - Bar / Lounge
 - Fast Food / Franchise
 - Other: _____
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Income

Food & Beverage Sales: \$ _____

Delivery Platform Sales (DoorDash, Uber Eats, etc.): \$ _____

Catering Income: \$ _____

Event / Private Party Income: \$ _____

Other Income: \$ _____

Please attach:

- Sales reports / POS reports
- 1099-K forms (delivery platforms)
- Catering invoices
- Bank deposit records

Cost of Goods Sold (Food & Beverage Costs)

Beginning Inventory: \$ _____

Purchases (Food & Ingredients): \$ _____

Beverages (Alcohol / Non-Alcoholic): \$ _____

Packaging / Takeout Containers: \$ _____

Ending Inventory: \$ _____

Payroll & Labor Costs

Chef / Cook Wages: \$ _____

Servers / Bartenders: \$ _____

Kitchen Staff: \$ _____

Delivery Staff: \$ _____

Management Salaries: \$ _____

Payroll Taxes: \$ _____

Tips Reported / Allocated: \$ _____

Kitchen & Operating Supplies

Kitchen Supplies: \$ _____

Disposable Items (napkins, utensils, cups): \$ _____

Cleaning Supplies: \$ _____

Uniforms / Aprons: \$ _____

Small Kitchen Equipment: \$ _____

Maintenance Supplies: \$ _____

Rent & Facilities

Restaurant / Commercial Rent: \$ _____

Property Taxes (if applicable): \$ _____

Utilities:

- Electricity: \$ _____
- Gas: \$ _____
- Water: \$ _____
- Trash / Waste Removal: \$ _____

Security Systems: \$ _____

Repairs & Maintenance: \$ _____

Equipment & Fixtures

Kitchen Equipment: \$ _____

Refrigeration Units: \$ _____

Ovens / Stoves / Grills: \$ _____

Furniture (tables, chairs, décor): \$ _____

POS Systems: \$ _____

Repairs & Maintenance of Equipment: \$ _____

Marketing & Advertising

Social Media Advertising: \$ _____

Website Expenses: \$ _____

Menus & Printing: \$ _____

Promotions & Discounts: \$ _____

Delivery Platform Fees: \$ _____

Influencer / Marketing Services: \$ _____

Grand Opening / Events: \$ _____

Delivery & Transportation

Vehicle Expenses (Delivery Use): \$ _____

Fuel: \$ _____

Maintenance & Repairs: \$ _____

Insurance: \$ _____

Third-Party Delivery Fees: \$ _____

Packaging for Delivery: \$ _____

Professional & Administrative Expenses

Accounting & Bookkeeping: \$ _____

Legal Fees: \$ _____

Business Licenses & Permits: \$ _____

Health Department Fees: \$ _____

Music Licensing Fees: \$ _____

POS / Software Subscriptions: \$ _____

Bank & Credit Card Processing Fees: \$ _____

Insurance

General Liability Insurance: \$ _____

Workers' Compensation Insurance: \$ _____

Property Insurance: \$ _____

Business Interruption Insurance: \$ _____

Liquor Liability Insurance (if applicable): \$ _____

Training & Education

Chef Training / Culinary Courses: \$ _____

Food Safety Certification (ServSafe, etc.): \$ _____

Continuing Education: \$ _____

Industry Conferences: \$ _____

Travel & Meals

Food Supplier Travel: \$ _____

Hotel / Lodging: \$ _____

Business Meals (Vendor Meetings): \$ _____

Food Tastings / Product Testing: \$ _____

Assets Purchased During the Year

List major purchases (equipment, renovations, etc.)

Description Date Purchased Cost

Examples:

- Commercial ovens
 - Refrigerators / freezers
 - Restaurant build-out improvements
 - Food trucks
 - POS systems
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Home Office (If Applicable)

Used for administrative tasks:

Yes No

Home Square Footage: _____

Office Square Footage: _____

Mortgage Interest / Rent: \$ _____

Utilities: \$ _____

Internet: \$ _____

Repairs (Entire Home): \$ _____

Repairs (Office Only): \$ _____

Retirement Contributions

SEP IRA: \$ _____

Solo 401(k): \$ _____

Traditional IRA: \$ _____

Roth IRA: \$ _____

Estimated Tax Payments

Federal Estimated Taxes: \$ _____

State Estimated Taxes: \$ _____

Dates Paid: _____

Other Expenses

Please list any additional restaurant-related expenses:

Description	Amount
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	\$ _____
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	\$ _____
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	\$ _____
--	----------

	\$ _____
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Questions

Did you open or close any locations this year?

Yes No

Did you add or remove delivery platforms?

Yes No

Did you purchase or sell major equipment?

Yes No

Did you receive any grants or restaurant relief funds?

Yes No

Did you change your menu pricing or operations significantly?

Yes No

Additional Notes

Client Certification

I certify that the information provided is complete and accurate to the best of my knowledge. I understand that supporting documentation may be required.

Client Signature: _____

Date: _____