

# PUA 소득 서류

팬데믹 실업 지원(PUA)은 적격 기준을 충족함을 직접 인증한 각 개인당 매주 \$205 액수의 수당으로 책정될 것입니다. 더 높은 액수의 주간 수당을 받고자 하는 경우, 소득이 명시된 문서가 필요합니다.

자영업자의 주간 수당 액수는 달력연도 2019년의 순소득에 따라 결정됩니다.

근로소득자의 주간 수당 액수는 달력연도 2019년의 총소득에 따라 결정됩니다.

2019년도 납세 신고서를 작성하지 않은 경우, 허용되는 서류의 예시를 이 가이드와 함께 제공해 드립니다.

**실업 수당 수령 자격이 없는 경우** - 여기에는 고용인이 실업 보험에 가입하지 않았거나 그 외의 다른 이유로 실업 보험 수당 수령 자격이 없는 경우가 포함됩니다. 2019년 납세 신고서를 작성 또는 제출하지 않은 경우, 가장 좋은 서류는 총소득이 표시되는 2019년 W-2입니다.

**자영업자(개인 납세자)** - 는 IRS 양식 1040 Individual Income Tax Return(개인 소득 납세 신고서) 및 Schedule C - Profit and Loss from Business(명세서 C - 사업 이익 및 손실)와 같은 관련 명세서를 제출해야 합니다.

## 예시 A 참조

22222		Employee's social security number		OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation		2 Federal income tax withheld	
c Employer's name, address, and ZIP code		3 Social security wages		4 Social security tax withheld	
		5 Medicare wages and tips		6 Medicare tax withheld	
		7 Social security tips		8 Allocated tips	
d Control number		9		10 Dependent care benefits	
e Employee's first name and initial Last name		11 Nonqualified plans		12a	
		13 Statutory employee Retiree Third party sick pay		12b	
		14 Other		12c	
				12d	
f Employee's address and ZIP code		15 State Employer's state ID number		16 State wages, tips, etc.	
		17 State income tax		18 Local wages, tips, etc.	
		19 Local income tax		20 Locality name	

Form **W-2 Wage and Tax Statement** 2019 Department of the Treasury—Internal Revenue Service  
Copy 1—For State, City, or Local Tax Department

## 예시 B 참조

SCHEDULE C (Form 1040 or 1040-SR)		Profit or Loss From Business (Sole Proprietorship)		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service (99)		▶ Go to <a href="http://www.irs.gov/ScheduleC">www.irs.gov/ScheduleC</a> for instructions and the latest information.		2019 Attachment Sequence No. 09	
Name of proprietor		▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.		Social security number (SSN)	
A Principal business or profession, including product or service (see instructions)		B Enter code from instructions			
C Business name. If no separate business name, leave blank.		D Employer ID number (EIN) (see instr.)			
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code					
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶					
G Did you "materially participate" in the operation of this business during 2019? If "No," see instructions for limit on losses				Yes No	
H If you started or acquired this business during 2019, check here				Yes No	
I Did you make any payments in 2019 that would require you to file Form(s) 1099? (see instructions)				Yes No	
J If "Yes," did you or will you file required Forms 1099?				Yes No	
<b>Part I Income</b>					
1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked				1	
2 Returns and allowances				2	
3 Subtract line 2 from line 1				3	
4 Cost of goods sold (from line 42)				4	
5 Gross profit. Subtract line 4 from line 3				5	
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)				6	
7 Gross income. Add lines 5 and 6				7	
<b>Part II Expenses. Enter expenses for business use of your home only on line 30.</b>					
8 Advertising		8		18 Office expense (see instructions)	
9 Car and truck expenses (see instructions)		9		19 Pension and profit-sharing plans	
10 Commissions and fees		10		20 Rent or lease (see instructions):	
11 Contract labor (see instructions)		11		a Vehicles, machinery, and equipment	
12 Depletion		12		b Other business property	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)		13		21 Repairs and maintenance	
14 Employee benefit programs (other than on line 19)		14		22 Supplies (not included in Part III)	
15 Insurance (other than health)		15		23 Taxes and licenses	
16 Interest (see instructions):		16		24 Travel and meals:	
a Mortgage (paid to banks, etc.)		16a		a Travel	
b Other		16b		b Deductible meals (see instructions)	
17 Legal and professional services		17		25 Utilities	
				26 Wages (less employment credits)	
				27a Other expenses (from line 48)	
				b Reserved for future use	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a				28	
29 Tentative profit or (loss). Subtract line 28 from line 7				29	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30				30	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Schedule 1 (Form 1040 or 1040-SR), line 3 (or Form 1040-NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.				31	
32 If you have a loss, check the box that describes your investment in this activity (see instructions).				32	

동업자 - 는 IRS 양식 1065 - US Return of Partnership Income(미국 동업자 소득 신고서) 및 관련된 Schedule K-1 - Partner's Share of Income-Loss(명세서 K-1 - 동업자의 소득-손실 지분)를 제출해야 합니다.

**예시 C 참조**

Schedule K-1 (Form 1065) 2019  
 Department of the Treasury Internal Revenue Service  
 For calendar year 2019, or tax year beginning / / 2019, ending / / 2019

**Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items**

1 Ordinary business income (loss) 15 Credits  
 2 Net rental real estate income (loss)  
 3 Other net rental income (loss) 16 Foreign transactions  
 4a Guaranteed payments for services  
 4b Guaranteed payments for capital  
 4c Total guaranteed payments  
 5 Interest income  
 6a Ordinary dividends  
 6b Qualified dividends  
 6c Dividend equivalents  
 7 Royalties  
 8 Net short-term capital gain (loss)  
 9a Net long-term capital gain (loss) 18 Tax-exempt income and nondeductible expenses  
 9b Collectibles (28%) gain (loss)  
 9c Unrecaptured section 1250 gain  
 10 Net section 1231 gain (loss) 19 Distributions  
 11 Other income (loss)  
 12 Section 179 deduction  
 13 Other deductions  
 14 Self-employment earnings (loss)  
 21 More than one activity for at-risk purposes\*  
 22 More than one activity for passive activity purposes\*  
 \*See attached statement for additional information.

**Part I Information About the Partnership**  
 A Partnership's employer identification number  
 B Partnership's name, address, city, state, and ZIP code  
 C IRS Center where partnership filed return  
 D Check if this is a publicly traded partnership (PTP)  
**Part II Information About the Partner**  
 E Partner's SSN or TIN (Do not use TIN of a disregarded entity. See inst.)  
 F Name, address, city, state, and ZIP code for partner entered in E. See instructions.  
 G General partner or LLC member (check one)  
 H1 Domestic partner Foreign partner  
 H2 If the partner is a disregarded entity (DE), enter the partner's: TIN Name  
 H What type of entity is this partner?  
 H2 If this partner is a retirement plan (R/SEP/Keogh/etc.), check here  
 J Partner's share of profit, loss, and capital (see instructions):  
 Beginning Ending  
 Profit \$ %  
 Loss \$ %  
 Capital \$ %  
 Check if decrease is due to sale or exchange of partnership interest  
 K Partner's share of liabilities:  
 Beginning Ending  
 Nonrecourse \$ \$  
 Qualified nonrecourse financing \$ \$  
 Recourse \$ \$  
 Check this box if item K includes liability amounts from lower tier partnerships  
 L Partner's Capital Account Analysis  
 Beginning capital account \$  
 Capital contributed during the year \$  
 Current year net income (loss) \$  
 Other income (decrease) (attach explanation) \$  
 Withdrawals & distributions \$ (\$)  
 Ending capital account \$  
 M Did the partner contribute property with a built-in gain or loss?  
 Yes No If "Yes," attach statement. See instructions.  
 N Partner's Share of Not Recognized Section 704(c) Gain or (Loss)  
 Beginning \$  
 Ending \$

1065 U.S. Return of Partnership Income 2019  
 Department of the Treasury Internal Revenue Service  
 For calendar year 2019, or tax year beginning / / 2019, ending / / 2019  
 Go to www.irs.gov/Form1065 for instructions and the latest information.

Principal business activity  
 Principal product or service  
 Business code number  
 Name of partnership  
 Number, street, and room or suite no. If a P.O. box, see instructions.  
 City or town, state or province, country, and ZIP or foreign postal code  
 Employer identification number  
 Date business started  
 Total assets (see instructions)

Check applicable boxes: (1) Initial return (2) Final return (3) Name change (4) Address change (5) Amended return  
 Check accounting method: (1) Cash (2) Accrual (3) Other (specify)  
 Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year  
 Check if Schedules C and M-3 are attached  
 Check if partnership: (1) Aggregated activities for section 466 at-risk purposes (2) Grouped activities for section 469 passive activity purposes  
 Subtotal: Includes only trade or business income and expenses on lines 1a through 22 below. See instructions for more information.

**Income**  
 1a Gross receipts or sales 1a  
 b Returns and allowances 1b  
 c Balance. Subtract line 1b from line 1a. 1c  
 2 Cost of goods sold (attach Form 1125-A) 2  
 3 Gross profit. Subtract line 2 from line 1c 3  
 4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) 4  
 5 Net farm profit (loss) (attach Schedule F (Form 1040 or 1040-SR)) 5  
 6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 6  
 7 Other income (loss) (attach statement) 7  
 8 Total income (loss). Combine lines 3 through 7 8

**Deductions (see instructions for limitations)**  
 9 Salaries and wages (other than to partners) (loss employment credits) 9  
 10 Guaranteed payments to partners 10  
 11 Repairs and maintenance 11  
 12 Bad debts 12  
 13 Rent 13  
 14 Taxes and licenses 14  
 15 Interest (see instructions) 15  
 16a Depreciation (if required, attach Form 4562) 16a  
 b Less depreciation reported on Form 1125-A and elsewhere on return 16b  
 17 Depreciation (do not deduct oil and gas depletion.) 17  
 18 Retirement plans, etc. 18  
 19 Employee benefit programs 19  
 20 Other deductions (attach statement) 20  
 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 21  
 22 Ordinary business income (loss). Subtract line 21 from line 8 22

**Tax and Payment**  
 23 Interest due under the look-back method—completed long-term contracts (attach Form 8097) 23  
 24 Interest due under the look-back method—Income forecast method (attach Form 8000) 24  
 25 BBA AAR Imputed underpayment (see instructions) 25  
 26 Other taxes (see instructions) 26  
 27 Total balance due. Add lines 23 through 26 27  
 28 Payment (see instructions) 28  
 29 Amount owed. If line 28 is smaller than line 27, enter amount owed 29  
 30 Overpayment. If line 28 is larger than line 27, enter overpayment 30

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than partner or limited liability company member) is based on all information of which preparer has any knowledge.  
 Signature of partner or limited liability company member Date  
 Signature of preparer Date  
 Preparer's name Preparer's address  
 Preparer's phone number  
 Preparer's PTIN  
 Preparer's EIN  
 Preparer's fax number

유한회사(LLC 및 LLP)의 경우 - 필수 서류는 해당 LLC가 소득세 목적의 과세 대상인지 여부에 따라 다릅니다(자영업자, 동업자 또는 법인).

법인 - 법인은 법인 임원에게 W-2를 발급해야 하며, 법인 임원에게 분기 보고서를 보고해야 합니다. 법인이 법인 임원에 대한 실업보험세를 납부하지 않기로 결정하는 경우, itY 실업 보험 분기 보고서를 수정할 수 있으며 여기에는 법인 임원의 급여가 포함됩니다. 중요 참고: 보고서 조정 시점에 실업보험세를 지급해야 합니다.

**예시 D 참조**

22222 Employee's social security number OMB No. 1545-0008

b Employer identification number (EIN) 1 Wages, tips, other compensation 2 Federal income tax withheld

c Employer's name, address, and ZIP code 3 Social security wages 4 Social security tax withheld  
 5 Medicare wages and tips 6 Medicare tax withheld  
 7 Social security tips 8 Allocated tips

d Control number 9  
 10 Dependent care benefits

e Employee's first name and initial Last name Suffix 11 Nonqualified plans  
 12a 12b 12c 12d  
 13 Statutory employee ( ) Nonresident alien ( )  
 14 Other ( )

f Employee's address and ZIP code

15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Form **W-2 Wage and Tax Statement** 2019  
 Copy 1 - For State, City, or Local Tax Department  
 Department of the Treasury - Internal Revenue Service

**S 법인(소규모 법인)** - 은 IRS 양식 1120-S - US Income Tax Return for an S Corporation(S 법인에 대한 미국 소득세 신고서) 및 순소득이 명시된 Schedule K-1 - Shareholder's Share of Income-Loss(명세서 K-1 - 주주의 소득-손실 지분)를 제출해야 합니다.

**예시 E 참조**

**Form 1120-S U.S. Income Tax Return for an S Corporation** OMB No. 1545-0123  
 Department of the Treasury Internal Revenue Service  
 ▶ Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation.  
 ▶ Go to [www.irs.gov/Form1120s](http://www.irs.gov/Form1120s) for instructions and the latest information.  
 For calendar year 2019 or tax year beginning 2019, ending 2019

**A** Selection effective date  
**B** Business activity code number (see instructions)  
**C** Check if Sch. M-3 attached  
**G** Is the corporation electing to be an S corporation beginning with this tax year? Yes  No  If "Yes," attach Form 2553 if not already filed  
**H** Check if: (1)  Final return (2)  Name change (3)  Address change (4)  Amended return (5)  S election termination or revocation  
**I** Enter the number of shareholders who were shareholders during any part of the tax year  
**J** Check if corporation: (1)  Aggregated activities for section 465 at-risk purposes (2)  Grouped activities for section 469 passive activity purposes  
**Caution:** Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

Income	1a	Gross receipts or sales	1a	
	b	Returns and allowances	1b	
	c	Balance. Subtract line 1b from line 1a	1c	
	2	Cost of goods sold (attach Form 1125-A)	2	
	3	Gross profit. Subtract line 2 from line 1c	3	
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)	4	
	5	Other income (loss) (see instructions—attach statement)	5	
	6	<b>Total income (loss).</b> Add lines 3 through 5	6	
Deductions (See instructions for limitations)	7	Compensation of officers (see instructions—attach Form 1125-E)	7	
	8	Salaries and wages (less employment credits)	8	
	9	Repairs and maintenance	9	
	10	Bad debts	10	
	11	Rents	11	
	12	Taxes and licenses	12	
	13	Interest (see instructions)	13	
	14	Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	14	
	15	Depletion (Do not deduct oil and gas depletion.)	15	
	16	Advertising	16	
	17	Pension, profit-sharing, etc., plans	17	
	18	Employee benefit programs	18	
	19	Other deductions (attach statement)	19	
20	<b>Total deductions.</b> Add lines 7 through 19	20		
Tax and Payments	21	<b>Ordinary business income (loss).</b> Subtract line 20 from line 6	21	
	22a	Excess net passive income or LIFO recapture tax (see instructions)	22a	
	b	Tax from Schedule D (Form 1120-S)	22b	
	c	Add lines 22a and 22b (see instructions for additional taxes)	22c	
	23a	2019 estimated tax payments and 2018 overpayment credited to 2019	23a	
	23b	Tax deposited with Form 7004	23b	
23c	Credit for federal tax paid on fuels (attach Form 4136)	23c		
23d	Reserved for future use	23d		
23e	Add lines 23a through 23d	23e		
24	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	24		
25	<b>Amount owed.</b> If line 23e is smaller than the total of lines 22c and 24, enter amount owed	25		
26	<b>Overpayment.</b> If line 23e is larger than the total of lines 22c and 24, enter amount overpaid	26		
27	Enter amount from line 26: <b>Credited to 2020 estimated tax</b> ▶ <b>Refunded</b> ▶	27		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Schedule K-1 (Form 1120-S) 2019** Part III Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items  
 Department of the Treasury Internal Revenue Service  
 For calendar year 2019, or tax year beginning 2019, ending 2019

**Shareholder's Share of Income, Deductions, Credits, etc.** ▶ See back of form and separate instructions.

<b>Part I Information About the Corporation</b>	1	Ordinary business income (loss)	13	Credits
	2	Net rental real estate income (loss)		
	3	Other net rental income (loss)		
	4	Interest income		
	5a	Corporation's employer identification number	5b	Ordinary dividends
	5c	Qualified dividends	14	Foreign transactions
	6	Royalties		
<b>Part II Information About the Shareholder</b>	7	Net short-term capital gain (loss)		
	8a	Net long-term capital gain (loss)		
	8b	Collectibles (28%) gain (loss)		
	9	Net section 1231 gain (loss)		
	10	Other income (loss)	15	Alternative minimum tax (AMT) item
	11	Section 179 deduction	16	Items affecting shareholder basis
	12	Other deductions		
	17	Other information		

**For IRS Use Only**

**C 법인(일반 법인)** - 은 IRS 양식 1120 - US Corporate Income Tax Return(미국 법인 소득세 신고서)를 제출해야 합니다. 12행에는 임원에 대한 보상이 명시되며, 양식 1125-E에는 모든 임원에 대한 보상이 명시됩니다.

**예시 F 참조**

**Form 1120 U.S. Corporation Income Tax Return** OMB No. 1545-0123  
 Department of the Treasury Internal Revenue Service  
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-EIT, 1120-RIC, or 1120-S.  
 ▶ Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).

**A** Check R  
**B** Employer identification number  
**C** Date incorporated  
**D** Total assets (see instructions)  
**E** Check if: (1)  Initial return (2)  Final return (3)  Name change (4)  Address change

Income	1a	Gross receipts or sales	1a	
	b	Returns and allowances	1b	
	c	Balance. Subtract line 1b from line 1a	1c	
	2	Cost of goods sold (attach Form 1125-A)	2	
	3	Gross profit. Subtract line 2 from line 1c	3	
	4	Dividends and inclusions (Schedule C, line 23)	4	
	5	Interest	5	
	6	Gross rents	6	
	7	Gross royalties	7	
	8	Capital gain net income (attach Schedule D (Form 1120))	8	
	9	Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9	
	10	Other income (see instructions—attach statement)	10	
	11	<b>Total income.</b> Add lines 3 through 10	11	
Deductions (See instructions for limitations on deductions)	12	Compensation of officers (see instructions—attach Form 1125-E)	12	
	13	Salaries and wages (less employment credits)	13	
	14	Repairs and maintenance	14	
	15	Bad debts	15	
	16	Rents	16	
	17	Taxes and licenses	17	
	18	Interest (see instructions)	18	
	19	Charitable contributions	19	
	20	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20	
	21	Depletion	21	
	22	Advertising	22	
	23	Pension, profit-sharing, etc., plans	23	
	24	Employee benefit programs	24	
25	Reserved for future use	25		
26	Other deductions (attach statement)	26		
27	<b>Total deductions.</b> Add lines 12 through 26	27		
28	Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11	28		
29a	Net operating loss deduction (see instructions)	29a		
b	Special deductions (Schedule C, line 24)	29b		
c	Add lines 29a and 29b	29c		
30	<b>Taxable income.</b> Subtract line 29c from line 28. See instructions	30		
31	Total tax (Schedule J, Part I, line 11)	31		
32	2019 net 965 tax liability paid (Schedule J, Part II, line 12)	32		
33	Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33		
34	Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34		
35	<b>Amount owed.</b> If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35		
36	<b>Overpayment.</b> If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36		
37	Enter amount from line 36 you want: <b>Credited to 2020 estimated tax</b> ▶ <b>Refunded</b> ▶	37		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Form 1125-E Compensation of Officers** OMB No. 1545-0123  
 (Rev. October 2016)  
 Department of the Treasury Internal Revenue Service  
 ▶ Attach to Form 1120, 1120-C, 1120-F, 1120-EIT, 1120-RIC, or 1120-S.  
 ▶ Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).

**Note:** Complete Form 1125-E only if total receipts are \$500,000 or more. See instructions for definition of total receipts.

	(a) Name of officer	(b) Social security number (see instructions)	(c) Percent of time devoted to business	(d) Common	(e) Preferred	(f) Amount of compensation
1			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
			95	95	95	
2	Total compensation of officers					2
3	Compensation of officers claimed on Form 1125-A or elsewhere on return					3

**귀하 또는 귀하의 업체가 아직 세금 신고서를 제출하지 않은 경우:**

아직 소득 신고서를 작성 또는 제출하지 않은 경우, 제출할 가장 좋은 서류는 2019년 12월 31일로 종료되는 연도에 대한 손익계산서(또는 소득 계산서) 또는 2019년에 대한 순소득이 명시된 기타 양식입니다.

소득계산서의 필수 사항은 다음과 같습니다.

- 수익
- 매출원가
- 지출
- 기타 소득

순소득은 다음과 같습니다.

수익  
 감산 매출원가  
 감산 지출  
 가산 기타 소득

**예시 G 참조**

**Profit and Loss Statement**

<Company Name>

For the <Month or Year> ending <Month-Day-Year>

Gross margin [L/J] -  
 Return on sales [T/J] -

	Prior Period	Budget	Current Period	Current Period as % of Sales	% Change from Prior Period	% Change from Budget
Wages and salaries				-	-	-
Outside services				-	-	-
Supplies				-	-	-
Meals and entertainment				-	-	-
Rent				-	-	-
Telephone				-	-	-
Utilities				-	-	-
Depreciation				-	-	-
Insurance				-	-	-
Repairs and maintenance				-	-	-
Other expenses (specify)				-	-	-
Other expenses (specify)				-	-	-
<b>Total General and Administrative Expenses [O]</b>	0	0	0	-	-	-
<b>Total Operating Expenses [P=M+N+O]</b>	0	0	0	-	-	-
<b>Income from Operations [Q=L-P]</b>	0	0	0	-	-	-
<b>Other Income [R]</b>				-	-	-
<b>Taxes</b>						
Income taxes				-	-	-
Payroll taxes				-	-	-
Real estate taxes				-	-	-
Other taxes (specify)				-	-	-
Other taxes (specify)				-	-	-
<b>Total Taxes [S]</b>	0	0	0	-	-	-
<b>Net Profit [T=Q+R-S]</b>	0	0	0	-	-	-



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