START UP EXPENSES LIST

ATTACHMENT TO FORM 1040
NAME**:** _____
YEAR END**:** **200__**
SSN: _____-_____-_____
EIN:__-_____
SUPPLEMENT LIST FOR THE
ELECTION TO AMORTIZE START UP EXPENSES:

DESCRIPTION OF START-UP EXPENSE	DATE INCURRED	AMOUNT
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$
		$

TOTAL AMOUNT TO FORM 4562: **$**_____