



Business Income & Expenses Worksheet

Bring/send the following: 1099-NECs, 1099-MISCs, 1099-Ks, 1098s for business interest

Business Name:

Business EIN:

Business Address:

Principal Business Activity, Product, Service:

Method of Accounting Cash Accrual *usually "Cash"

INCOME

Income from Principal Activity:
(Include Sales Tax collected in Income)

Returns and Allowances:

EXPENSES

Advertising:

Bank Fees:

Commissions:

Credit Card Fees: (Merchant Fees)

Continuing Education

Contract Labor:

Employee Benefits:

Equipment/Tools Under \$2500

Insurance:

 Building

 Liability

Interest:

Loans

Credit Cards

Car Loans

Legal/Professional Services:

Bookkeeping

Legal

Consulting

Licenses

Office Supplies

Copies

Postage

Software

Other Office Supplies

Payroll

Wages

Taxes

Professional Dues, Journals

Meals with Clients

Rent/Lease

Building

Other (Equipment, Tools, Etc.)

Repairs/Maintenance

Building

Computer

Equipment

Sales Tax Paid if Included in Gross

Supplies

Travel

Air

Hotel

Group (with clients or out-of-town)

Meals

Utilities Not from Home Office

Cell (Business Portion)

Internet

Gas, Electric, Water

Security

Assets purchased (Description, Cost, Date Purchased):

Inventory:

Beginning of Year:

Purchases:

Materials/Supplies

Labor:

Shipping Costs:

Other COGS:

End of Year:

Date ___/___/___

Taxpayer Signature _____



AUTO EXPENSE WORKSHEET SHEET

(Use one worksheet per Automobile)

Tax Year: _____

Taxpayer's Name: _____ Occupation: _____

Spouse's Name: _____ Occupation: _____

What is auto used for? - (Check all that apply and then use one sheet for each category below)

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Sch C or Sch F | <input type="checkbox"/> Moving |
| <input type="checkbox"/> Meetings/Job Related | <input type="checkbox"/> Job to School | <input type="checkbox"/> Two (2) Jobs |
| <input type="checkbox"/> Charitable | <input type="checkbox"/> Tax Prep/Invest | <input type="checkbox"/> Rental |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Other _____ | |

- | | | |
|---|----------------------------------|-------------------------------|
| 1. Do you own more than one (1) vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your employer provide the vehicle? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you reimbursed by your employer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. If reimbursed, is the payment included in W-2? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are your records written or oral? | <input type="checkbox"/> Written | <input type="checkbox"/> Oral |

VEHICLE INFORMATION

Year/make of vehicle _____
 Date placed in service _____
 Date retired or sold _____
 Purchase price _____
 Selling price _____
 Trade-in? _____
 Ending odometer reading for year above _____
 Beginning reading for year above _____

Jan-June 30

July 1- Dec 31

Total miles for 1 st & 2 nd half of year	_____	_____
Business miles for 1 st & 2 nd half of year	_____	_____
Commuting miles for 1 st & 2 nd half of year	_____	_____
Personal miles for 1 st & 2 nd half of year	_____	_____

ACTUAL EXPENSES: For 1st & 2nd half of year

Gas & oil	\$ _____	\$ _____
Insurance/auto club	_____	_____
Maintenance and repairs	_____	_____
License (do not include personal property tax)	_____	_____
Wash/wax/misc.	_____	_____
Tires/battery	_____	_____
Vehicle rental	_____	_____
Lease payments	_____	_____
TOTAL	\$ _____	\$ _____

OTHER

Parking/tolls	\$ _____	\$ _____
Miscellaneous _____		

_____	Date ____/____/____
Taxpayer Signature	