



Small Business Income and Expense Worksheet

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

Company Name: _____ EIN _____
Business Address: _____ City _____ St _____ ZIP _____

Income:

Gross Receipts or sales	
Returns & Allowances	
Other Income:	

Expenses:

Advertising	
Car & Truck Expense ----See Auto Worksheet below	
Commissions & Fees	
Contract Labor	
Dues & Subscriptions	
Insurance	
Interest:	
Mortgage	
Other	
Legal/Professional Fees	
Office Expenses	
Rent or lease:	
Vehicles, Machinery, Equipment	
Other Business Prop(Buldings,etc)	
Repairs	
Sales Tax Paid	
Software	
Supplies	
Taxes and Licenses	
Travel	
Meals with Clients or overnight	
Utilities	
Wages	

Sign & Date Both Pages

Other Expenses:

a. _____	
b. _____	
c. _____	

Taxpayer Signature

Date ____/____/____

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Other Expenses;(Con't)

d. _____	
e. _____	
f. _____	
g. _____	
h. _____	

Business Use of Home:

Total Square Feet of House:	
Home office Square Feet:	

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Cost of Goods:

Beginning Inventory		(If you sell and keep product in stock)
Purchases less personal use items		
Cost of Labor		
Material and Supplies		
Other costs		
Ending Inventory		(If you sell and keep product in stock)

Equipment over \$2500 Each Purchased: (Any item less than \$2500 include in "Supplies" above)

Item Description	Date Purchased

_____	Date ____/____/____
Taxpayer Signature	

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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	_____
Total miles for the year	_____
Business miles for the year	_____
Commuting miles the year	_____
Personal miles for the year	_____

ACTUAL EXPENSES: For the 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