

2017 BUSINESS WORKSHEET



Federal ID # _____ - _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Cash or Accrual: _____

New Business: Y N

Family/Single Spouse

Did you make any payments that would require a 1099? Yes No

Health Insurance Premiums paid during year _____

Medicare Part B Premiums (from 1099-SSA) _____

Long Term Care Premiums paid during year _____

If yes, did you or will you file all required form 1099's? Yes No

Total Medical Insurance Premiums: _____

BUSINESS INCOME

Gross Receipts _____

Returns & Allowances (_____)

Other Income: _____

Gross Income: _____

COST OF GOODS SOLD

Beginning Inventory _____

Purchases _____

Labor _____

Materials _____

Other Costs _____

Ending Inventory (_____)

Cost of Goods Sold: _____

Gross Profit: _____

EXPENSES

Advertising _____

Auto Expense (Next Page) _____

Commissions & Fees _____

Contract Labor _____

Employee Benefits _____

Insurance (Not health) _____

Mortgage Interest _____

Total Mortgage Interest: _____

Other Interest _____

Total Other Interest: _____

Legal & Professional _____

Office Expenses _____

EXPENSES (CONTINUED)

Pension & Profit Sharing _____

Rent - Equipment _____

Rent - Other _____

Repairs _____

Supplies _____

Taxes _____

Real Estate _____

Payroll Tax _____

Sales Tax _____

Other Tax _____

Total Taxes: _____

Travel & Lodging _____

Meals - \$51 & (\$63 DOT) _____

100% of Meals _____

(x 50% or DOT 80%) x _____ %

Total Meals: _____

Utilities _____

Telephone, Internet, Cell _____

Propane, Natural Gas _____

Garbage, Water, Sewer _____

Electricity _____

(less) Personal Use (_____)

Total Utilities: _____

Wages _____

Other Expenses _____

Total Other Expenses: _____

Business Use of Home worksheet: _____

Total Business Expenses: _____

Business Gain/(Loss): _____

VEHICLE EXPENSES

Description of Auto	_____	_____	_____	_____	_____
Total Miles	_____	_____	_____	_____	_____
Personal Miles	_____	_____	_____	_____	_____
Business Miles	_____	_____	_____	_____	_____
% Business	_____	_____	_____	_____	_____
<u>Mileage Rate</u>					
Business Miles x \$.535	_____	_____	_____	_____	_____
or					
<u>Actual Expenses</u>					
Parking & Tolls	_____	_____	_____	_____	_____
Gasoline, Diesel & Oil	_____	_____	_____	_____	_____
Repairs & Maintenance	_____	_____	_____	_____	_____
Car Washes	_____	_____	_____	_____	_____
Insurance	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____
License & Registration	_____	_____	_____	_____	_____
Motor Vehicle Tax	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Total x % Business	_____	_____	_____	_____	_____

Total Vehicle Expense: _____

SALE OF LAND, BUILDINGS, & EQUIPMENT

Description of Items Sold	Date Sold	Sale Price	Date Acquired	Asset Number

PURCHASES OF LAND, BUILDINGS, & EQUIPMENT

(Please list all assets greater than \$2,500 and provide a copy of the purchase invoices, etc.)

New or Used	Description of Item	Date Purchased	Cash Paid	Item Traded