

2018 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 (Non-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 - \$60 & (\$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): _____

