

2019 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 - \$54 & (\$66 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: _____

Total Business Expenses: _____

Business Use of Home worksheet: _____

Business Gain/(Loss): _____

