

2024 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 - \$59 & (\$69 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): _____

