2024 BUSINESS WORKSHEET



Federal ID #						LC
Business Name:						
Business Address:				Cas	h or Accrual:	
City:		State:	Zip:	Nev	Business: Y	N
			I I		Family/Single	Spouse
Did you make any paymen	nts Yes	Healt	h Insuranc	e Premiums paid du	, ,	
that would require a 1099?				3 Premiums (from 10		
that would require a 1000.	140			e Premiums paid dur		
If yes, did you or will you fi	le Yes	Long	Tellii Cai	e i Termums paid dui	ing year	
all required form 1099's?	No			Total Medical Insur	ance Premiume:	
all required form 10333:	140			Total Wedical Ilisui	ance i remiums	
BUSINESS INCOME				EXPENSES (COM	ITINUED)	
Gross Receipts				Pension & Profit S		
Returns & Allowances (Rent - Equipment		
Other Income:		_ /		Rent - Other		
Other income.				Repairs		
		=		Supplies		
	ross Income:	-		Taxes		
G	iioss ilicoille.					
000T OF 000D0 001D				Real Estate		
COST OF GOODS SOLD				Payroll Tax		
Beginning Inventory		_		Sales Tax		
Purchases		_		Other Tax		
Labor		-			Total Taxes:	
Materials		-		Travel & Lodging		
Other Costs		_		Meals - \$59 & (\$6	9 DOT)	
		_		100% of Meals		
		_		(x 50% or DOT 8		
		_			Total Meals:	
Ending Inventory	(_)		Utilities		
Cost of	f Goods Sold:			Telephone, Inter	net, Cell	
				Propane, Natura	l Gas	
	Gross Profit:			Garbage, Water	Sewer	
				Electricity		
EXPENSES				(less) Personal l	Jse ()	
Advertising		_			Total Utilities:	
Auto Expense (Next Page)		_		Wages		
Commissions & Fees		_		Other Expenses		
Contract Labor		_				
Employee Benefits		=				
Insurance (Non-Health)		_			<u> </u>	
Mortgage Interest		=				
					<u> </u>	
					<u> </u>	
Total Mortgage Interest.	:					
Other Interest		-				
				Total Oth	er Expenses:	
				Total Busines	ss Expenses:	
Total Other Interest.	<u> </u>	=		Business Use of Hon	ne worksheet:	
Legal & Professional		=				
Office Expenses				Business	Gain/(Loss):	

					Во	ttorff ax	
				<u> </u>			
				- <u></u>			
		<u> </u>		- - - -			
				Total Ver	nicle Expense:		
İ		Sale Price		Date Acquired		Asset Number	
	/2/						
İ	/24						
1	/24						
/ /	/24 /24						
/ /	/24 /24 /24						
/ / /	/24 /24 /24 /24						
/ / / / DINGS, & EQU	/24 /24 /24 /24 /24	- (INVOI	CES REQUIR	ED ON A	ALL PURCHA		
	/24 /24 /24 /24 /24 /24	- (INVOI	CES REQUIR		ALL PURCHAS Trade Value	SES)	
/ / / DINGS, & EQU	/24 /24 /24 /24 /24 /24					SES)	
/ / // DINGS, & EQU than \$2,500) Date / /24 / /24	/24 /24 /24 /24 /24 /24					SES)	
/ / // DINGS, & EQU than \$2,500) Date / /24 / /24	/24 /24 /24 /24 /24 /24					SES)	
/ / / / DINGS, & EQU than \$2,500) Date / /24 / /24 / /24	/24 /24 /24 /24 /24 /24					SES)	
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	Date S	Date Sold		& EQUIPMENT - (BILLS OF SALE REQUIRE	& EQUIPMENT - (BILLS OF SALE REQUIRED FOR A	Total Vehicle Expense: & EQUIPMENT - (BILLS OF SALE REQUIRED FOR ALL ITEMS)	