

# 2025 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 Yes  
that would require a 1099? No

Health, Dental, & Vision Insurance Premiums \_\_\_\_\_  
Medicare Premiums (from 1099-SSA) \_\_\_\_\_  
Long Term Care Insurance Premiums \_\_\_\_\_

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

**Total Medical Insurance Premiums:** \_\_\_\_\_

## BUSINESS INCOME

Gross Receipts \_\_\_\_\_  
Tips Received \_\_\_\_\_  
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 - \$68 & (\$80 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):** \_\_\_\_\_

**Bottorff Tax**  
LLC

**Total Vehicle Expense:** \_\_\_\_\_

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