

2026 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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