

NAME: \_\_\_\_\_ TAX YEAR: \_\_\_\_\_  
 BUSINESS NAME: \_\_\_\_\_ PRODUCT/SERVICE: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_ FEDERAL ID #: \_\_\_\_\_

**BUSINESS WORKSHEET**

(DO NOT INCLUDE PERSONAL EXPENSES)

**INCOME:**

TOTAL GROSS SALES OR INCOME \$ \_\_\_\_\_  
 MERCHANDISE OR MATERIALS PURCHASED (AT YOUR COST) \_\_\_\_\_  
 YEAR END INVENTORY, IF APPLICABLE (AT YOUR COST) \_\_\_\_\_

**EXPENSES:**

ACCOUNTING _____	REPAIRS (EXCEPT AUTO) _____
ADVERTISING _____	ALARM SYSTEM _____
ANSWERING SVC _____	SUPPLIES _____
BAD DEBTS _____	TAXES-BUSINESS _____
BANK CHARGES _____	TAXES-CITY/COUNTY _____
CASH SHORTAGES _____	TAXES-PAYROLL _____
COMMISSIONS _____	TAXES-SALES _____
CONTRACT LABOR _____	LICENCES & PERMITS _____
DELIVERY/FREIGHT CHGS _____	TELEPHONE _____
DUES/SUBSCRIPTIONS _____	SMALL TOOLS _____
EMPLOYEE BENEFITS _____	TRAVEL-EXCEPT MEALS _____
EQUIP. PURCHASE _____	MEALS _____
HEALTH INSURANCE _____	ENTERTAINMENT _____
EMPLOYEE HEALTH INS _____	UNIFORMS _____
INSURANCE(EXCEPTAUTO) _____	UTILITIES _____
INTEREST EXPENSE _____	WAGES _____
JANITOR _____	STORAGE _____
LAUNDRY & CLEANING _____	GIFTS _____
LEGAL & PROF. FEES _____	EQUIPMENT FUEL _____
MISCELLANEOUS _____	EDUCATION/SEMINARS _____
OFFICE SUPPLIES _____	OTHER EXPENSES: _____
OUTSIDE SERVICES _____	_____
PARKING/TOLLS _____	_____
POSTAGE _____	_____
PRINTING _____	_____
RENT _____	_____
EQUIPMENT RENT _____	_____

**AUTO EXPENSES:**

TOTAL MILES DRIVEN ON _____	FUEL _____	MISCELLANEOUS _____
VEHICLE FOR THE YEAR _____	REPAIRS _____	LICENSE _____
BUSINESS MILEAGE _____		INTEREST PAID _____
VEHICLE DESCRIPTION _____		INSURANCE _____
DATE PURCHASED _____		LEASE PAYMENTS _____

**EQUIPMENT PURCHASED:**

DESCRIPTION	DATE PURCHASED	COST
_____	_____	_____
_____	_____	_____