

20__ BUSINESS WORKSHEET



Business Name: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____

Federal ID # _____
 Cash or Accrual: _____
 2014 New Business: Y N

Family/Single

Spouse

Did you make any payments in
 20__ that would require a 1099? Yes No
 If yes, did you or will you file
 all required form 1099's? Yes No

Health Insurance Premiums paid in 20__ _____
 Medicare Part B Premiums (from 1099-SSA) _____
 Long Term Care Premiums paid in 20__ _____
 Cancer & Heart Premiums paid in 20__ _____

Total Medical Insurance Premiums for 20__: _____

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: _____

Accountant use only **Profit Margin:** _____ %

EXPENSES

Accounting _____
 Advertising _____
 Bank Charges _____
 Contract Labor _____
 Delivery & Freight _____
 Dues & Subscriptions _____
 Employee Benefits _____
 Insurance (Other than health) _____
 Mortgage Interest _____

Total Mortgage Interest: _____

EXPENSES (CONTINUED)

Other Interest _____

Total Other Interest: _____

Legal & Professional _____
 Office Expenses _____
 Pension & Profit Sharing _____
 Postage _____
 Rent - Equipment _____
 Rent - Other _____
 Repairs _____
 Supplies _____
 Taxes _____
 Real Estate _____
 Payroll Tax _____
 Sales Tax _____
 Other Tax _____

Total Taxes: _____

Telephone _____
 Tools _____
 Travel & Lodging _____
 Meals _____
 100% of Meals _____
 (x 50% or DOT 80%) X %

Total Meals: _____

Utilities _____
 Wages _____
 Other Expenses _____

Total Other Expenses: _____

Vehicle Expenses (Next Page) _____

Total Business Expenses: _____

Business Gain/(Loss): _____

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VEHICLE EXPENSES

Description of Auto	_____	_____	_____	_____	_____
Business Miles	_____	_____	_____	_____	_____
Personal Miles	_____	_____	_____	_____	_____
Total Miles	_____	_____	_____	_____	_____
% Business	_____	_____	_____	_____	_____
Mileage Rate	_____				
Business miles x .57.5	_____	_____	_____	_____	_____
or	_____				
Actual Expenses	_____				
Lease Exp	_____	_____	_____	_____	_____
Gas/Oil	_____	_____	_____	_____	_____
Repairs	_____	_____	_____	_____	_____
Insurance	_____	_____	_____	_____	_____
Taxes	_____	_____	_____	_____	_____
Interest	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Total x % Business	_____	_____	_____	_____	_____

Total Vehicle Expense: _____

SALE OF LAND, BUILDINGS, & EQUIPMENT

Description of Item	Date Acquired	Date Sold	Sale Price	Asset Number

PURCHASES OF LAND, BUILDINGS, & EQUIPMENT

(Please list all assets greater than \$500 and provide a copy of the purchase invoices, etc.)

New or Used	Description of Item	Date Purchased	Cash Paid	Item Traded

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