

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): _____

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

Securities offered through Cetera Advisor Networks LLC, member FINRA/SIPC. Advisory services offered through Summit Financial Group, Inc., a registered investment adviser. Summit and Cetera are affiliated and are under separate ownership from any other named entity. Registered Address: 113 North Main Street, Box 265, Stuart, NE 68780. Registered Phone: 402-924-3607.