

**Business Income**

**Please complete the worksheet below to report activities for each business venture owned and operated. If you need more worksheets, please copy this page to continue.**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_  
(Leave blank if same as taxpayer address)

Federal ID No. \_\_\_\_\_

Principal Business Activity \_\_\_\_\_

Method Used to Value Inventory \_\_\_\_\_

Accounting Method:  Cash  Accrual

<b>Gross Income</b>	<b>Amount</b>
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Gross Income..... \_\_\_\_\_

Less Returns/Allowances..... \_\_\_\_\_

**Cost of Sales**

Beginning Inventory..... \_\_\_\_\_

Purchases..... \_\_\_\_\_

Cost of Labor..... \_\_\_\_\_

Materials and Supplies..... \_\_\_\_\_

Freight In..... \_\_\_\_\_

Other \_\_\_\_\_ \_\_\_\_\_

\_\_\_\_\_ \_\_\_\_\_

Ending Inventory..... \_\_\_\_\_

**Deductions**

Advertising..... \_\_\_\_\_

Auto-Truck Expense..... \_\_\_\_\_

Bad Debts..... \_\_\_\_\_

Collection Expense..... \_\_\_\_\_

Commissions..... \_\_\_\_\_

Professional Dues & Subscriptions.. \_\_\_\_\_

Employee Benefit Program..... \_\_\_\_\_

Freight & Express ..... \_\_\_\_\_

Utilities..... \_\_\_\_\_

Insurance..... \_\_\_\_\_

Interest..... \_\_\_\_\_

Janitorial & Cleaning..... \_\_\_\_\_

Laundry..... \_\_\_\_\_

Legal & Accounting Fees..... \_\_\_\_\_

Office Expense..... \_\_\_\_\_

Postage..... \_\_\_\_\_

Rent..... \_\_\_\_\_

Repairs..... \_\_\_\_\_

Salaries..... \_\_\_\_\_

Supplies..... \_\_\_\_\_

Telephone..... \_\_\_\_\_

Travel..... \_\_\_\_\_

Total Meals & Entertainment..... \_\_\_\_\_

..... \_\_\_\_\_

..... \_\_\_\_\_

..... \_\_\_\_\_

..... \_\_\_\_\_

..... \_\_\_\_\_

**Business Use of Home**

Total Area of Home: \_\_\_\_\_ sq. ft. Total area Used for Business: \_\_\_\_\_ sq. ft.

Nature of Business Activity Performed in Home: \_\_\_\_\_

Was Another Office Available to You Outside the Home?  Yes  No

**Non-Exclusive Use by Day Care Providers Only:**

Hours/Day Used for Day Care: \_\_\_\_\_ Days/Year Used for Day Care: \_\_\_\_\_

Did You Own and Operate A Vehicle For Business Purposes? \_\_\_Yes \_\_\_No

Make & Model \_\_\_\_\_ Date Purchased \_\_\_\_\_

**Automobile Expense**

Total Miles Driven	Car 1	Car 2
Total Mileage		
Business Mileage		
Business Use %		
Average Daily Commuting		
Written Records Available	Y/N	Y/N
Is another vehicle available for personal use?	Y/N	Y/N
Is an employer-provided vehicle available for personal use?	Y/N	Y/N

**Please note: In most cases, it is more beneficial to use mileage to claim auto expenses as opposed to actual costs. However, if you feel you spent more on actual costs, please list cost on table below:**

Actual Automobile Expenses	Car 1	Car 2
Gas & Oil		
Insurance		
Licenses		
Lubrication		
Repairs		
Tires, Tire Repair		
Wash		
Other:		