

Business Worksheet

Name of Business/DBA/LLC/CORP _____

Business Address: Street _____

City, State, Zip _____

Employer Identification number (EIN) _____

Principal Business or Profession, including product or service _____

Is this business operated by the taxpayer, spouse or both? _____

Any payments over \$600 which require you to file Form 1099? **Yes or No** _____

If **YES** , did you or will you file all required Forms 1099/1096? **Yes or No** _____

BUSINESS INCOME(without sales tax) _____

Other Income: (fuel refunds, etc.) _____

COST of GOODS SOLD(items resold or cost of materials used in your service/product) _____

EXPENSES: _____

Advertising (websites, ads, promotional items) _____

Commissions _____

Subcontract/Independent Labor _____

Employee Benefits (pension match, life insurance) _____

Employee Health Insurance _____

Self Employed Health Insurance(for OWNER) _____

Business Insurance _____

Liability Insurance _____

Workers Compensation Insurance _____

Mortgage Interest(business NOT your home) _____

Loans and Business Credit Card Interest _____

Legal and Professional Fees _____

Office Supplies (paper, software, pens, postage) _____

Machine and Equipment Rental _____

Property/Office Rental _____

Repair and Maintenance on Building, Land _____

Repair and Maintenance on Equipment _____

Supplies (equipment, misc items) _____

Business Property Tax _____

Payroll Taxes _____

Business Tax(state filing fees, etc) _____

Excise or Highway Tax _____

Licenses, Permits and Fees (DBA fees, permits) _____

Travel (hotel,air, rental car- See Vehicle Worksheet for Auto/Truck) _____

Business Meals- (not entertainment) _____

Utilities-(propane, electric, heating oil, village water) _____

GROSS Wages- Employee (Please submit W-3 AND year end payroll summary showing employer paid payroll taxes Federal and State unemployment)

OTHER EXPENSES:

- Bank Fees and Service charges _____
- Business Gifts (items purchased for customers \$25 limit per gift) _____
- Dues and Subscriptions (magazines, memberships, online too) _____
- Internet _____
- Computer Services _____
- Parking & Tolls _____
- Postage _____
- Delivery/Freight _____
- Continuing Education _____
- Telephone/Cell Phone _____
- Security _____
- Small Tools _____
- Uniforms/ Laundry _____
- Waste Removal _____
- Other- Please list specific item below and amount _____
- _____
- _____
- _____

FIXED ASSETS:

List any purchases of furniture, equipment over \$3,000. **Submit sale invoices for large purchases over \$3,000 only.**

Description (Model, Year, Type)	Price	Date Purchased

List any assets that you sold, traded or disposed of this tax year:

Description (Model, Year, Type)	Selling Price, Trade Value or Disposal	Date Disposed, Sold or Traded

OFFICE IN HOME

This applies only to fully dedicated office space.

Total Square footage of finished living space(Not attic or unfinished basement):

Square Footage used for business only:

Expenses: DO NOT include amounts from the above business expenses. Don't duplicate expenses)

Mortgage Interest

Real Estate Taxes(school and county/town/village)

Home Owners/Renters Insurance

Repairs & Maintenance

Utilities

Water & Sewer

Rent

Other Tax/Business information for BTG:

AUTO/TRUCK EXPENSES-See Vehicle Worksheet

Auto and Truck Expense worksheet	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Year of Vehicle				
Make and Model of vehicle				
Date Purchased or Acquired				
Date placed in business service				
Type of Vehicle (Auto or Truck)				
Total miles driven (sum equals 3 lines below)				
Business miles				
Commuting miles				
Personal miles				
Did you have another vehicle for personal use-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Vehicle used primarily by owner or related person-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have written evidence (mileage log, report) of business use claimed-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is this vehicle leased-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Actual Expenses (If using this method, typical of heavy or costly vehicles):				
Cost of Vehicle (including special installed equipment i.e. Tool box, Plow)				
Gasoline				
Oil, maintenance and repairs				
Insurance				
Registration and license				
Lease payments				
Interest ONLY portion of Vehicle loan payments (NOT full monthly payment)				
Did you sell or trade in a previously used business vehicle-	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, please include the dealer invoice or other documentation.				