

<b>BUSINESS INCOME &amp; EXPENSE WORKSHEET</b>										TAX YEAR	
GENERAL INFORMATION											
COMPANY											
Business Name				Federal Tax ID #							
Business Address											
Is this your first year in business				Yes	No	Year started					
INDEPENDENT WORKERS & 1099'S											
Did you hire any independent workers?				Yes	No						
Were you required to issue a Form 1099?				Yes	No	I don't know					
If yes, did you file the required Form 1099?				Yes	No						
BUSINESS INCOME & EXPENSES											
BUSINESS INCOME											
Total Gross Business Income - If you received ANY 1099's please attach them								\$			
BUSINESS EXPENSES (ALL BUSINESSES)											
Auto Expenses		Yes	No	< If yes, attach VEHICLE EXPENSE WORKSHEET							
Advertising		\$		Repairs & Maintenance				\$			
Commissions & Fees		\$		Supplies (not included above)				\$			
Contract Labor (1099s issued, if applicable)		\$		Taxes & Licenses				\$			
Employee Benefits		\$		Real Estate Taxes (do not include home office)				\$			
Insurance (non-health)		\$		Travel (do not include meals)				\$			
Health Insurance – Personal		\$		Meals				\$			
Health Insurance – Employees		\$		Utilities (do not include home office utilities)				\$			
Mortgage Interest (other than home loan)		\$		Wages (W-2's issued)				\$			
Interest - Other		\$		Bank & Credit Card Charges				\$			
Legal & Professional Fees		\$		Tools				\$			
Office Expenses		\$		Uniforms	With Logo:	Yes	No	\$			
Pension & Profit Sharing Plans		\$		% Telephone used for business:						%	
Rent of Lease of Building		\$		Other:				\$			
Equipment Rentals		\$		Other:				\$			
RETAIL BUSINESS EXPENSES & INVENTORY (RETAIL BUSINESS ONLY)											
Beginning Inventory		\$		Ending Inventory				\$			
Merchandise Purchased for Resale		\$		Materials & Supplies				\$			
Cost of Labor (excluding yourself)		\$		Other Direct Sales Costs				\$			
EQUIPMENT											
BUSINESS EQUIPMENT											
Did you purchase any major pieces of equipment?				Yes	No	If yes, please list below:					
Item A				Date	/	/	Amount	\$			
Item B				Date	/	/	Amount	\$			

## BUSINESS INCOME & EXPENSE WORKSHEET

(CONTINUED)

### HOME OFFICE

#### OFFICE SPACE

Do you have an office in your home?	Yes	No	If <b>yes</b> , complete the HOME OFFICE EXPENSES section below:
What date did you begin using your home office?	/	/	
Office Square Footage		Home Square Footage	

#### HOME OFFICE EXPENSES

Real Estate Taxes	\$	Mortgage Interest	\$	Home Owners Insurance	\$
Utilities (light and gas)	\$	Rent Paid	\$	Renters Insurance	\$
Internet, Fax, Phone	\$	Other:	\$	Other:	\$

### SIGNATURE

✓ I verify that the above information is correct and that I can provide the documentation required to backup these claims.

Printed Name		Signature	
Date			