SMALL BUSINESS OWNER YEARLY INCOME AND EXPENSES

Year ____

Name_____

Business Name _____

Address_____

_____

Telephone_____

Title_____

Email: _____

INCOME:

Gross Sales _____
(Gross Income EXCLUDING SALES TAX).

1099-MISC Please include all 1099 MISC Received.

EXPENSES:

Materials & Supplies_____

Excise Tax _____

Business/Liability Insurance _____

Equipment fuel only _____

AUTOMOTIVE EXPENSES:

Total Miles Driven for the Year _____

Business Miles _____

Auto Loan Interest _____

Vehicle Lease _____

Vehicle Insurance _____

Repairs/Maint/Oil Changes of lease _____

Fuel for Leased Vehicle _____

Vehicle Registration _____

Tax for New Vehicle _____

LARGE EQUIPMENT:
Need date of purchase and name of equipment

TOOLS:

Need date of purchase & amount for large tools/equipment

Small Tools _____

Large Tools_____

ADVERTISING & RELATED EXPENSES:

Business Cards _____

Web Page _____

Printing, Flyers _____

Advertising_____ _____

CONTINUING EDUCATION

Workshops/Seminars _____

MISCELLANEOUS EXPENSES: (*Please give total amounts).*

Phone (Landline) _____

(Long distance calls, phone features, 2nd line)

Cellular Line Charges _____

Internet Service Fee _____

Office Supplies _____

Meeting Room Rent _____

Freight _____

Postage _____

Professional Publications _____

Office Furniture Purchased _____

Office Furniture/Machinery Leased _____

*i.e., answering machine/telephone, computer, copier, Printer, cellular phone

BUSINESS EXPENSES:

Bank Service Charges _____

Legal/Accounting Fees _____

Prior Tax Preparation Fee _____

Bookkeeper _____
(Include name/address, SSN if paid over $600)

Interest (Business Loan/ Credit card) _____

Misc Payouts Under $600 _____

Payouts Per 1099-Misc _____

1099 and 1096 are due February 29 this year to IRS and recipients

IN HOME OFFICE EXPENSE:

(Must Qualify)

Gas _____

Electric _____

Water _____

Garbage _____

Dwelling Rent _____

Mortgage Interest _____

Real Estate Tax _____

House Insurance _____

Repairs/Maint _____

Home Improvements _____

Total Square Feet of Home _____

Square Feet Used for Business _____

PERSONAL INFORMATION:

Please see Income and Expense Checklist

ITEMIZED DEDUCTION INFORMATION:

Health Insurance Premiums _____
(Through a job)

Medical/Dental Expenses _____

State Tax or Local Tax from a W-2 _____

Tags/License (car) _____

Vehicle Tags & License _____

Investment Interest _____

Safety Deposit Box _____

Cont. Education _____

Professional/ Union Dues, _____

Uniforms _____

Tools of Trade _____

Gambling Losses _____

HEALTH INSURANCE:

Amounts Paid in for Policy _____

OTHER:

Charitable Contributions:

Cash _____

Non-Cash _____

CHILDCARE EXPENSES:

Child Care Amount _____

Provider's Name(s) _____

Address (es) _____

_____

Social Security #/EIN _____

FEDERAL QUARTERLY ESIMATES:

April 15, _____

June 15 _____

September 15 _____

January 15 _____

STATE QUARTERLY ESTIMATES:

April 15, _____

June 15, _____

September 15, _____

January 15, _____

BE SMART ABOUT YOUR TAXES:

1. **KEEP GOOD RECORDS.**
   (i.e., keep a day planner, record all business trips, # of miles, type of trip, Appointments, who you had lunch or dinner with, what you discussed).

2. **Keep Receipts for EVERY business expense.**
   (i.e., on your meal receipt write the name of the person you had lunch with, **you can only take their portion of the meal for a business expense).**

3. Keep a telephone log to show use of your office in home, incoming and outgoing calls, bookings, parties, open houses, take pictures of events, take pictures of your office.

4. Prepare sales slips for all products given away.
   (i.e., gifts, parties prizes, ect…).

5. Being an independent entrepreneur is a wonderful opportunity! Make sure your tax preparer understands your business, keeping good records will allow for an accurate tax return.
   Have a great day!

MISCELLANEOUS INFORMATION

Name and date of birth_____

Spouse's name and date of birth_____

Did you or your spouse become disabled/ legally blind during the year? YES/ NO

Did everyone listed on the tax return have health coverage during the whole year? YES/ NO

If partial year health coverage, list months covered with premiums paid for each.

Children's names, date of birth and social security numbers, (be sure to include your newborn.)

_____

_____

Do any dependents have income? _____

How long have you lived at the current address_____

Previous Address_____
(If less than one year)

Moving Expenses_____
(Transportation of goods, storage, hotel/motel, gas, etc. see your tax preparer for addtn'l information)

Dates of move _____

Overnight travel information: **ITEMIZE OVERNIGHT STAYS ACCORDING TO CITY/STATE AND NUMBER OF NIGHTS IN EACH LOCATION. PUT IN DATE ORDER. ATTACH ON SEPARATE SHEET.**

Equipment Purchased/Converted to business use, include date of purchase/date of conversion.