

Small Business Worksheet

Name:

SSN or EIN:

Tax Year:

Income:

Gross Income: _____
Other Income: _____
Total Income: _____

Cost of Sales or Operations:

Beginning Inventory: _____
Purchases for Resale: _____
Personal Use items: _____
Ending Inventory: _____

Out of Town Information:

Number of Days Out of Town: _____
Out of Town Meals: _____
Out of Town Lodging: _____

Expenses:

Advertising: _____
Bank Fees: _____
Commissions & Fees: _____
Contract Labor: _____
Insurance - other than Health: _____
Insurance - Health Premiums: _____
Interest - Mortgage: _____
Interest - Business Loans: _____
Wages: _____
Legal / Professional Fees: _____
Office Expenses: _____
Pension & Profit-sharing Plans: _____
Rent - Machinery, Equipment: _____
Rent - Property: _____
Repairs / Maintenance: _____
Cleaning - Janitorial: _____
Supplies: _____
Licenses & Permits: _____
Taxes - Property, Sales: _____
Taxes - Payroll Taxes: _____
Taxes - Unemployment: _____
Travel - Air, Bus, Rail, etc: _____
Meals & Entertainment: _____

Utilities - Gas & Electric: _____
Utilities - Water: _____
Utilities - Garbage: _____
Wages: _____
Business Phone / Cell Phone: _____
Cable / Satellite: _____
Computer Software, Supplies: _____
Continuing Education: _____
Dues & Subscriptions: _____
Gifts (\$25 max per person): _____
Internet Fees: _____
Lawn Care / Snow Removal: _____
Postage, Shipping, Freight: _____
Printing: _____
Uniforms: _____
Website Design & Maintenance: _____
Other: _____

Assets / Major Purchases

Name:

SSN or EIN:

Tax Year:

Description:

Date in Service

Cost

Computer _____

Printer _____

Furniture, Carpet, Flooring _____

Leasehold Improvements _____

Machines _____

Office Equipment _____

Automobile Expense Worksheet

Name:

SSN:

Tax Year

Year, Make and Model of Vehicle _____

Date you first started using the vehicle for business: _____

Odometer Reading on January 1st: _____

Odometer Reading on December 31st: _____

Number of Business Miles Driven: _____

Date you Purchased the Vehicle: _____

Purchase Price: _____

Date you Sold the Vehicle: _____

Trade-In Value, if Any _____

Amount Received for Sale _____

Expenses:

Tolls*: _____

Parking*: _____

Interest Paid on Vehicle Loan*: _____

Gas / Fuel: _____

Oil: _____

Repairs: _____

Maintenance: _____

Tires: _____

Washes: _____

Insurance: _____

Lease Payments: _____

License / Registration: _____

Taxes: _____

Other: _____

* Even if you are using the standard mileage rate, these expenses are deductible.

Business Use of Home Worksheet

Name: _____

SSN: _____

Business Activity: _____

Tax Year: _____

Home Business Use%:

Area used exclusively for business: _____ sq ft

Total Area of Home: _____ sq ft

Business use % (Business Area divided by Total Area): _____ %

Expenses:

Direct Expenses*

Indirect Expenses*

Mortgage interest: _____

Mortgage insurance: _____

Real Estate taxes: _____

Insurance: _____

Utilities (Gas & Electric / Propane): _____

Rent: _____

Repairs & Maintenance:

 Made directly to business area: _____

 Made to total area of home: _____

Other: _____

Total Expenses: _____

Information on Home:

Date in Service

Cost or Value

Current Home Value at start of business: _____

Current Land Value: _____

Home Purchase Price: _____

Previous Home Improvements:
(From Purchase Date until Start of Business) _____

Assets / Improvements: _____

Date in Service

Cost

*Direct Expenses are expenditures made specifically to the area of the home used for business.

*Indirect Expenses are expenditures made for keeping up and running your entire home.