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The Accountant, LLC

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BUSINESS TAX WORKSHEET

Name: _____ Year: _____

Business Name: _____

Address (if different): _____

Nature of Business: _____

Please include all 1099s & 1098s received that are business related **FEDERAL ID (EIN) : _____

INCOME

Gross Sales _____

Sales Tax Collected (If not included above) _____

Returns or Refunds _____

Other business related income (please describe)

_____

_____

EXPENSES

COST OF GOODS SOLD

Product & Supplies FOR RESALE _____

Construction/Materials _____

Beginning Cost of Inventory _____

Ending Cost of Inventory _____

Personal Use (Actual Cost included in Purchases

Used by you _____

Sub-Contractors Paid _____

☆☆ Did you issue any 1099s ? YES / NO

OPERATING EXPENSES

Advertising / Marketing _____

Bank Charges _____

Commissions Paid _____

Contract Labor (not above) _____

Dues/Subscriptions _____

☆☆ Health Insurance for Owner _____

NOTE: If MNSure - must have form 1095-A

Health Insurance for Employees _____

Shipping _____

Insurance (not auto/truck/life) _____

Mortgage Interest _____

Other Interest (not auto/truck) _____

Legal & Professional Fees _____

Office Supplies _____

Retirement Plans (Employer Part only) _____

Rent (Building & Equipment) _____

Repairs & Maintenance _____

Supplies (Not included in COG above) _____

Taxes: _____

Personal Property _____

Real Estate on Business Bldg _____

Sales Tax included in Gross Sales _____

Payroll Taxes (Employer share) _____

Business Travel & Meals _____

Business Meals _____

Lodging _____

Airfare/Taxi/Rental Car _____

PLEASE NOTE: Entertainment Expense is no longer deductible

Uniforms / Laundry / Cleaning _____

Utilities - Business Only

Electric _____

Natural Gas _____

Garbage, Water, Sewer _____

Telephone _____

Cell Phone (Business Portion) _____

Wages - Please include copies of W2s

Wages to Spouse _____

Wages to Children under 18 _____

Wages to Other Employees _____

Fuel (not personal auto/truck) _____

Small Tools & Equipment

- Cost is less than $2,500 _____

Other Expenses - Please list

_____

_____

_____

_____

_____

_____

☆☆ AUTO & TRUCK EXPENSES - SEE BACK SIDE

☆☆ BUSINESS USE OF HOME - SEE BACK SIDE

☆☆ MAJOR EQUIPMENT PURCHASES & SALES - SEE BACK SIDE

SALES OF EQUIPMENT, MACHINERY, LAND AND BUILDINGS HELD FOR BUSINESS USE

Item Sold	Date Sold	Gross Sale Price	Sales Expense	Date Aquired	Cost

LARGE PURCHASES AND IMPROVEMENTS (OVER $2,500)

☆☆ **Please supply invoices for ALL purchased items**

Item Purchased	Date Purchased	Cost Including Sales Tax	Cash to Boot	New / Used	Item Traded, Trade Value & Date Aquired

BUSINESS USE OF HOME

Total Sq Ft of Home:	_____	Utilities	_____	Mortgage Interest	
Sq. Ft Used Regularly &		Insurance	_____	_____	
Exclusively for Business	_____	Rent	_____		
Repairs/Maintenance	_____	Property Tax	_____	Other	_____

CAR & TRUCK EXPENSES

☆☆ **Please supply invoice for vehicle if new purchase**

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
- Year and Make of Vehicle				
- Date Purchased				
- Ending Odometer Reading - Dec 31				
- Beginning Odometer Reading - Jan 1				
- Total Miles Driven - Line 3 less line 4				
- Total Business Miles in Line 5				
- No. Miles of Average Daily Round Trip to office/shop or first & last stop				
- Parking and Tolls				
- Licenses and Registration Tax (not sales tx)				
- Interest Paid				

Continue below if you take actual expense. Must use actual expense if depreciation has been taken in the past.

- Gasoline, Repairs/Maintenance, Tires, Insurance, Etc.				

☆☆ Must have written evidence to support the business use percentage claimed.