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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 \_\_\_\_\_ Other business related income (please describe) \_\_\_\_\_

Sales Tax Collected (If not included above) \_\_\_\_\_

Returns or Refunds \_\_\_\_\_

### EXPENSES

#### COST OF GOODS SOLD

Product & Supplies FOR RESALE \_\_\_\_\_ Personal Use (Actual Cost included in Purchases

Construction/Materials \_\_\_\_\_ Used by you \_\_\_\_\_

Beginning Cost of Inventory \_\_\_\_\_ Sub-Contractors Paid \_\_\_\_\_

Ending Cost of Inventory \_\_\_\_\_ **★★** Did you issue any 1099s ? **YES / NO**

#### OPERATING EXPENSES

Advertising / Marketing \_\_\_\_\_ Uniforms / Laundry / Cleaning \_\_\_\_\_

Bank Charges \_\_\_\_\_ Utilities - Business Only \_\_\_\_\_

Commissions Paid \_\_\_\_\_ Electric \_\_\_\_\_

Contract Labor (not above) \_\_\_\_\_ Natural Gas \_\_\_\_\_

Dues/Subscriptions \_\_\_\_\_ Garbage, Water, Sewer \_\_\_\_\_

**★★** Health Insurance for Owner \_\_\_\_\_ Telephone \_\_\_\_\_

NOTE: If MNSure - must have form 1095-A \_\_\_\_\_ Cell Phone (Business Portion) \_\_\_\_\_

Health Insurance for Employees \_\_\_\_\_ Wages - Please include copies of W2s \_\_\_\_\_

Shipping \_\_\_\_\_ Wages to Spouse \_\_\_\_\_

Insurance (not auto/truck/life) \_\_\_\_\_ Wages to Children under 18 \_\_\_\_\_

Mortgage Interest \_\_\_\_\_ Wages to Other Employees \_\_\_\_\_

Other Interest (not auto/truck) \_\_\_\_\_ Fuel (not personal auto/truck) \_\_\_\_\_

Legal & Professional Fees \_\_\_\_\_ Small Tools & Equipment \_\_\_\_\_

Office Supplies \_\_\_\_\_ - Cost is less than \$2,500 \_\_\_\_\_

Retirement Plans (Employer Part only) \_\_\_\_\_ Other Expenses - Please list \_\_\_\_\_

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

**★★** AUTO & TRUCK EXPENSES - SEE BACK SIDE

**★★** BUSINESS USE OF HOME - SEE BACK SIDE

**★★** MAJOR EQUIPMENT PURCHASES & SALES

#NAME?

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

Item Sold	Date Sold	Gross Sale Price	Sales Expense	Date Acquired	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 Acquired

**BUSINESS USE OF HOME**

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

**CAR & TRUCK EXPENSES**

★★ Please supply invoice for vehicle if new purchase

- 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

Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4

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.

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