

NAME: _____ TAX YEAR: _____
 BUSINESS NAME: _____ PRODUCT/SERVICE: _____
 BUSINESS ADDRESS: _____ FEDERAL ID #: _____

BUSINESS WORKSHEET
 (DO NOT INCLUDE PERSONAL EXPENSES)

INCOME:

TOTAL GROSS SALES OR INCOME \$ _____
 MERCHANDISE OR MATERIALS PURCHASED (AT YOUR COST) _____
 YEAR END INVENTORY, IF APPLICABLE (AT YOUR COST) _____

EXPENSES:

ACCOUNTING _____	PENSION & P/S PLAN _____
ADVERTISING _____	POSTAGE _____
ALARM SYSTEM _____	PRINTING _____
ANSWERING SVC _____	RENT _____
BANK CHARGES _____	REPAIRS (EXCEPT AUTO) _____
CASH SHORTAGES _____	SALARIES & WAGES _____
CLEANING _____	STORAGE _____
COMMISSIONS _____	SUBSCRIPTIONS _____
DELIVERY CHGS _____	SUPPLIES _____
DUES _____	TAXES-BUSINESS _____
EDUCATION/SEMINARS _____	TAXES-CITY/COUNTY _____

EMPLOYEE BENEFITS _____ TAXES-PAYROLL _____

ENTERTAINMENT _____	TAXES-SALES _____
EQUIPMENT RENTAL _____	TAXES-OTHER _____
EQUIP. PURCHASE(SEE BELOW) _____	TELEPHONE _____
FREIGHT _____	SMALL TOOLS _____
FUEL EQUIPMENT _____	TRAVEL-EXCEPT MEALS _____
GIFTS _____	TRAVEL-MEALS _____
INSURANCE _____	UNIFORMS _____
INTEREST EXPENSE _____	UTILITIES _____
JANITOR _____	OTHER EXPENSES: _____
LAUNDRY & CLEANING _____	_____
LEGAL & PROF. FEES _____	_____

LICENSES & PERMITS _____	_____	_____
MISCELLANEOUS _____	_____	_____
OFFICE SUPPLIES _____	_____	_____
OUTSIDE SERVICES _____	_____	_____
PARKING _____	_____	_____

AUTO EXPENSES:

TOTAL MILES DRIVEN ON _____	FUEL _____	MISCELLANEOUS _____
VEHICLE FOR THE YEAR _____	REPAIRS _____	LICENSE _____
BUSINESS MILEAGE _____	_____	INTEREST PAID _____
VEHICLE DESCRIPTION _____	_____	INSURANCE _____
DATE PURCHASED _____	_____	LEASE PAYMENTS _____

EQUIPMENT PURCHASED:

DESCRIPTION

DATE PURCHASED

COST
