

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 _____	REPAIRS (EXCEPT AUTO) _____
ADVERTISING _____	ALARM SYSTEM _____
ANSWERING SVC _____	SUPPLIES _____
BAD DEBTS _____	TAXES-BUSINESS _____
BANK CHARGES _____	TAXES-CITY/COUNTY _____
CASH SHORTAGES _____	TAXES-PAYROLL _____
COMMISSIONS _____	TAXES-SALES _____
CONTRACT LABOR _____	LICENCES & PERMITS _____
DELIVERY/FREIGHT CHGS _____	TELEPHONE _____
DUES/SUBSCRIPTIONS _____	SMALL TOOLS _____
EMPLOYEE BENEFITS _____	TRAVEL-EXCEPT MEALS _____
EQUIP. PURCHASE _____	MEALS _____
HEALTH INSURANCE _____	ENTERTAINMENT _____
EMPLOYEE HEALTH INS _____	UNIFORMS _____
INSURANCE(EXCEPT AUTO) _____	UTILITIES _____
INTEREST EXPENSE _____	WAGES _____
JANITOR _____	STORAGE _____
LAUNDRY & CLEANING _____	GIFTS _____
LEGAL & PROF. FEES _____	EQUIPMENT FUEL _____
MISCELLANEOUS _____	EDUCATION/SEMINARS _____
OFFICE SUPPLIES _____	OTHER EXPENSES: _____
OUTSIDE SERVICES _____	_____
PARKING/TOLLS _____	_____
POSTAGE _____	_____
PRINTING _____	_____
RENT _____	_____
EQUIPMENT RENT _____	_____

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
_____	_____	_____
_____	_____	_____