

YEAR _____

NAME _____ Federal ID # _____

ADDRESS OF BUSINESS _____

PRODUCT SOLD OR SERVICE PERFORMED _____

Is any portion of your investment in this business *not* subject to payback by you? YES ☐ NO ☐

GROSS SALES/RECEIPTS	Include all 1099 income for services performed		1099 – MISC. Bring in ALL 1099s received. Include Non-Employee Amount in Gross Sales.	
SALES TAX COLLECTED	If not included in above			Do your records agree with the amount reported? YES <input type="checkbox"/> NO <input type="checkbox"/>
RETURNS / REFUNDS	Amount included in Gross Sales that was refunded to your client			Did you receive \$10,000.00 in actual cash from any individual at any one time— <i>or in accumulated amounts</i> — during this tax year?
OTHER INCOME	Directly related to your business			

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

PURCHASE OF PRODUCT & SUPPLIES FOR RESALE		FREIGHT-IN	Shipping cost to receive product or materials, if not included in purchases	
PERSONAL USE	Actual cost of items in purchases used by you or your family	OTHER COSTS		
		INVENTORY AT END OF YEAR		
♦ COST OF LABOR		How did you arrive at inventory value?		
PURCHASE OF MATERIAL FOR JOBS	(construction or installation type)	Actual Cost <input type="checkbox"/> Other (explain)		

	VEHICLE 1	VEHICLE 2
Year and Make of Vehicle		
Date Purchased (month, date and year)		
Ending Odometer Reading (December 31)	—	—
Beginning Odometer Reading (January 1)		
Total Miles Driven (End Odo – Begin Odo)		
Total Business Miles (do you have another vehicle?)		
Total Commuting Miles		
Parking Fees and Tolls		
License Plates		
Interest		
<i>Continue below if you take actual expense (must use actual expenses if you lease)</i>		
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.		
Lease Costs		

Date Acquired Home
Total Cost
Cost Of Land
Cost Of Improvements
Sq. Footage Of Home
Sq. Footage Of Office Area
Rent Paid (If You Rent)
Interest
Taxes
Utilities/Garbage
Insurance
Repairs/Maintenance
Hours Used Per Week
Hours Worked Per Week

BUSINESS EXPENSES (continued)

ADVERTISING/PROMOTION: Ads, business cards, greeting cards, etc.	EXPENSES (AWAY FROM HOME OVERNIGHT): Lodging Meals & tips (keep total separate from other costs) Convention fees Cruise ship convention/seminar Airplane or train fares Auto rental, taxis or bus fares Other (incidentals, laundry, etc.)
COMMISSIONS & FEES PAID: Contract labor	MEALS & ENTERTAINMENT: Sales lunches Gifts (limited to \$25 per individual or couple) <small>*Entertainment (e.g. tickets) is not deductible for tax year 2018 and beyond</small> Tickets to qualified charitable events
EMPLOYEE BENEFITS: Health insurance, company party, mileage reimbursements, etc.	UTILITIES & TELEPHONE: Electricity (business) Natural gas/heating fuel (business) Garbage, water, sewer (business) Telephone (bus. line, second line, other options) Business long distance (from home telephone) Faxes, paging svcs, cellular svcs
INSURANCE: Worker's comp, business liability (do not include auto/truck/health)	WAGES: <small>(bring your copy of W-2s/941s if they have been filed)</small> Wages to spouse (subject to Soc.Sec. and Medicare tax) Children under 18 (not subject to Soc.Sec. and Medicare tax) Other
INTEREST: Mortgage (on business bldg.): Paid to financial institution Paid to individual	OTHER EXPENSES (not listed elsewhere): Bank charges Courier services Dues & publications Education Fuel for equipment (not auto/truck) Laundry & cleaning Printing & copying Show Fees Shipping
OTHER INTEREST: (do not include auto or truck) List life insurance loans separately Business only credit card	
*LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, etc.	
OFFICE EXPENSE: Postage, stationery, office supplies, bank charges, pens, etc.	
PENSION/PROFIT SHARING: Employees only	
*RENT/LEASE: Machinery and equipment Other business property	
*REPAIRS & MAINTENANCE: Building, equipment, etc. (do not include auto or truck)	
SUPPLIES: Misc. (not included elsewhere) Small tools	
TAXES: Personal property Licenses (not auto/truck) Real estate of business building & land Sales tax (if included in gross sales) Payroll (your share Soc.Sec./Medicare)	
TRAVEL (number of nights away): City_____ Nights out ____ City_____ Nights out ____ City_____ Nights out ____ City_____ Nights out ____ City_____ Nights out ____ City_____ Nights out ____ City_____ Nights out ____ City_____ Nights out ____	

EQUIPMENT PURCHASED

Item Purchased	Date Purchased	Business Use %	Cost (including sales tax)	Item Traded	Additional Cash Paid	Traded with Related Property	Other Information

*1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.

Due date of return is January 31. Nonfiling penalty may apply. If recipient does not furnish you with his/her Social Security Number, you are required to withhold tax on the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment