

BUSINESS EXPENSE WORKSHEET

Business Name (If any) _____

Business Address (If any) _____

Federal ID # (If any) _____ Is this your first year in business? Yes No

Did you make payments requiring a Form 1099? Yes No If 'YES' did you file required Form 1099? Yes No

Total Gross Business Income (Not necessarily amount shown on 1099's) \$ _____

Retail Businesses ONLY:

Beginning Inventory	\$ _____
Merchandise Purchased for Resale	\$ _____
Cost of labor (Do not include \$'s paid to yourself)	\$ _____
Materials & Supplies	\$ _____
Other Direct Sales Costs	\$ _____
Ending Inventory	\$ _____

All Businesses:

Advertising	\$ _____	Repairs and Maintenance	\$ _____
Commissions and Fees	\$ _____	Supplies (Not included elsewhere)	\$ _____
Contract Labor	\$ _____	Real Estate Taxes (If paid for business)	\$ _____
Insurance (Other than health)	\$ _____	Payroll Expense (Wages)	\$ _____
Health Insurance (For you)	\$ _____	Other Taxes (FICA for employees)	\$ _____
Health Insurance (For your employees)	\$ _____	Travel (Use Travel Worksheet)	\$ _____
Mortgage Interest (If paid for business)	\$ _____	Meals	\$ _____
Other Interest Paid (Not vehicle. Use Vehicle Worksheet)	\$ _____	Utilities	\$ _____
Professional Fees	\$ _____	Bank and CC Charges	\$ _____
Office Expenses	\$ _____	Tools	\$ _____
Rent of Business Property	\$ _____	Uniforms (logo Yes No)	\$ _____
Equipment Rentals	\$ _____	Licenses / Dues	\$ _____
Cell Phone _____ % (For business)	Total Amt Spent \$ _____	Other _____	\$ _____

Vehicle Expenses ([Click for Vehicle Expenses Worksheet](#))

► Did you purchase any major pieces of equipment? (Over \$1000) Yes No IF 'YES' list:

Equipment _____	Date _____	Amount _____
Equipment _____	Date _____	Amount _____
Equipment _____	Date _____	Amount _____
Equipment _____	Date _____	Amount _____

► Do you have an Office in Your Home? Y Yes No IF 'YES' Complete questions below

Sq. Ft of Office _____ Sq. Ft of Home _____ (Safe Harbor \$5/SF)

Percentage of your Home ([Click for Home Office Expenses Worksheet](#))