

# Income & Expense Worksheet

Name \_\_\_\_\_ File # \_\_\_\_\_ Tax Year \_\_\_\_\_

Name of Business \_\_\_\_\_ Federal ID # \_\_\_\_\_

Business Address \_\_\_\_\_

How many months was the business in operation during the year? \_\_\_\_\_

How many hours during the year did you and/or your spouse devote to this business? \_\_\_\_\_

Is any portion of your investment in this business not subject to payback by you? \_\_\_\_\_

## Business Income

<b>Gross Sales/Receipts</b>	Include all 1099 income for services performed	
<b>Sales Tax Collected</b>	If not included in above	
<b>Returns/Refunds</b>	Amount included in Gross Sales that was refunded to your client	
<b>Other Income</b>	Directly related to your business	
<b>1099-MISC.</b>	Do you records agree with the amount reported?	
	Did you bring in ALL 1099s received and include Non Employee Amount in Gross Sales	

<b>ADVERTISING/PROMOTION:</b> Business cards, flyers, etc.	
<b>INSURANCE:</b> Worker's comp, business liability	
<b>INTEREST:</b> Mortgage (on business bldg.):	
Paid to financial institution	
Paid to individual	
Business only credit card	
<b>LEGAL &amp; PROFESSIONAL:</b> Attorney fees for	
business, accounting fees, bonds, permits, etc.	
<b>OFFICE EXPENSE:</b> Postage, stationery, office	
supplies, etc.	
<b>PENSION/PROFIT SHARING:</b> Employees only	
<b>RENT/LEASE:</b> Machinery and equipment	
Other business property	
<b>SUPPLIES:</b> Gloves, goggles, safety equip.	
Watering cans, buckets, hoses	
Stakes, rope, ties, etc.	
Small tools	
<b>TAXES:</b> 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)	
<b>OFFICE in HOME</b>	
Date Acquired Home	
Total Cost	
Cost Of Land	
Cost Of Improvements	
Sq. Footage of Home	
Sq. Footage of Office Area	
Mortgage or Rent Paid	
Taxes	
Utilities/Garbage	
Insurance	
Repairs/Maintenance	
Hours Used Per Week	

<b>COMMISSIONS &amp; FEES PAID:</b> Contract Labor Etc.	
<b>EMPLOYEE BENEFITS:</b> Health insurance & Reimbursements	
<b>TRAVEL</b> (number of nights away):	
City	Nights Out
City	Nights Out
<b>Expenses</b> (AWAY FROM HOME OVERNIGHT):	
Lodging	
Meals & tips (keep total separate from other costs)	
Convention fees	
Airplane or train fares	
Auto rental, taxis or bus fares	
Other (incidentals, laundry, etc.)	
<b>Meals &amp; Entertainment:</b>	
Business meals	
Gifts (limited to \$25 per individual or couple)	
Tickets to qualified charitable events	
<b>Utilities &amp; Telephone:</b>	
Electricity (business)	
Garbage, water, sewer (business)	
Telephone (bus, line, Second line, other options)	
Business long distance (from home telephone)	
Faxes, paging svcs, cellular svcs	
<b>Wages:</b> (bring your copy of W-2s/941s if they have been filed)	
Wages to spouse (spouse to Soc. Sec. and Medicare tax)	
Other	
<b>Other Expenses</b> (not listed everywhere):	
Bank charges & credit cards fees	
Disposal of materials	
Dues, publications, bussiness related books	
Education & seminars	
Fuel for equipment (not auto/truck)	
Laundry & cleaning	
Printing & copying	
Shipping & hauling	
<b>REPAIRS &amp; MAINTENANCE:</b> Not Auto or Truck	

Business Expenses (cost of goods sold)	Cost
PLANTS, SEEDS, FERTILIZER, FILL, SOD, MULCH, TREES	
STONE, PAVERS, DECORATIVE ITEMS, FURNITURE	
PURCHASE OF PRODUCT & SUPPLIES FOR RESALE	
PERSONAL USE Actual cost of items in purchases used by you or your family	
*COST OF LABOR	
PURCHASE OF MATERIAL FOR JOBS (construction or installation type)	
FREIGHT-IN Shipping cost to receive product or materials.	
OTHER COSTS	
INVENTORY AT END OF YEAR	
How did you arrive at inventory value?	
Actual Cost	
Other (explain)	

Car and Truck Expenses	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		
Total Commuting Miles		
Parking Fees And Tolls License Plates		
Interest		
Actual expense		
Gas		
Oil, Lube		
repairs, tires, batteries, supplies, wash, wax		
Insurance, Etc.		
Lease Costs		

\*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 can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold tax on payment(s)

Name	Address	Social Security #	Amount	Purpose of Payment

#### EQUIPMENT PURCHASED

(VEHICLE, TRAILER, MOWER, SAWS, CHIPPER, TILLER, SOD KICKER, LEAF BLOWER, HEDGE TRIMMER, HEAVY EQUIPMENT, WHEELBARROW, COMPUTER, SOFTWARE, PRINTER, CAMERA, FAX, COPIER, OFFICE FURNITURE, ETC.)

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

#### Sales of Equipment, Machinery, Land, Buildings Held for Business Use

Kind of Property	Date Acquired	Date Sold	Sales Prices	Expenses of Sales	Original Cost

Prepared for the purposes of filing my Income Tax Return with information I have saved and archived.

Signature

Date



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