

**BUSINESS INCOME WORKSHEET**

Taxpayer's Name \_\_\_\_\_

TAX YEAR 2017

Business Name \_\_\_\_\_

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

Description of Business (product or service) \_\_\_\_\_

BUSINESS INCOME:		Amount	BUSINESS EXPENSES:		AMT PAID
Gross Receipts/Sales			Advertising		
Less Returns and Allowances			Bad Debts from Sales/Service (if on accrual basis)		
Other Income			Car Expense (Total) %		
			Truck Expense (Total) %		
<b>COST OF GOODS SOLD AND/OR OPERATIONS:</b>			Commissions		
Inventory-Beginning of Year			Employee Benefit Programs		
Purchased			Insurance (Other than Health)		
Less Personal Withdrawals			Mortgage Interest		
Materials & Supplies (Not Included in Supplies Listed under Business Expenses)			Other Interest		
Other Costs			Legal, Professional		
Inventory at End of Year			Office Expense (Incl. Postage)		
<b>DO YOU PLAN TO DEDUCT EXPENSES FOR AN OFFICE (OR FOR YOUR CHILD CARE BUSINESS) IN YOUR HOME FOR 2017?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following:			Pension/Profit-Sharing Plans		
			Rent of Machinery, Equipment		
Total Square Footage/Home			Rent on Business Property		
Sq. Footage Used For Business			Repairs, Maintenance		
Mortgage Interest Paid			Supplies (Not Included in Cost of Goods Sold)		
Real Estate Taxes Paid			Taxes, Licenses		
Insurance Paid			Travel		
Repairs, Maintenance			Meals, Entertainment		
Electric, Heat, Water, Etc.			Telephone		
Other			Utilities		
			Internet Service		
			Wages Paid		
			Bank Service Charges		
			Freight, Shipping		
			Dues, Publications		
			Laundry, Cleaning		
			Employer's Share of FICA		
			Items under \$2,500 expensed		
For child care business indicate the number of days used during year _____ and number of hours each day _____; or total number of hours in year _____.			Check box if you paid for your health insurance and list total payment. <input type="checkbox"/>		

**BRING TO THE OFFICE ALL FORMS 1099 RECEIVED SHOWING BUSINESS INCOME.**

**\*\*\*INFORMATION ON VEHICLES USED IN BUSINESS OPERATION\*\*\***

Vehicle	Year Purch.	Percent Business Use	Total Miles Driven	Total Business Miles
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Do you have evidence for the vehicles above to support the business use percentage claimed? Yes \_\_\_ No \_\_\_ Is this evidence written? Yes \_\_\_ No \_\_\_

If you have not previously advised the office of any depreciation changes, please complete the following schedule:

**New Items for Depreciation:**

Date Purchased	Description of Item Purchased	New or Used	Item Traded (if any)	Cash Difference	Cost if no Trade-in
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Did you "materially participate" in the business (involved on a regular, continuous, and substantial basis in the operation of the business) this year: Yes \_\_\_ No \_\_\_