BUSINESS INCOME WORKSHEET

Taxpayer's Name _____ **TAX YEAR 2014**

Business Name _____

Business Address _____

Description of Business (product or service) _____

BUSINESS INCOME:	Amount
Gross Receipts/Sales	
Less Returns and Allowances	
Other Income	
COST OF GOODS SOLD AND/OR OPERATIONS:	
Inventory-Beginning of Year	
Merchandise Purchased	
Merchandise Less Personal Withdrawals	
Materials & Supplies (Not Included in Supplies Listed under Business Expenses)	
Other Costs	
Inventory at End of Year	
DO YOU PLAN TO DEDUCT EXPENSES FOR AN OFFICE (OR FOR YOUR CHILD CARE BUSINESS) IN YOUR HOME FOR 2014? **Yes** ☐ **No** ☐ **If yes, please provide the following:**	
Total Square Footage/Home	
Sq. Footage Used For Business	
Mortgage Interest Paid	
Real Estate Taxes Paid	
Insurance Paid	
Repairs, Maintenance	
Electric, Heat, Water, Etc.	
Other	
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 _____.	

BUSINESS EXPENSES:	AMT PAID
Advertising	
Bad Debts from Sales/Service (if on accrual basis)	
Car Expense (Total) %	
Truck Expense (Total) %	
Commissions	
Employee Benefit Programs	
Insurance (Other than Health)	
Mortgage Interest	
Other Interest	
Legal, Professional	
Office Expense (Incl. Postage)	
Pension/Profit-Sharing Plans	
Rent of Machinery, Equipment	
Rent on Business Property	
Repairs, Maintenance	
Supplies (Not Included in Cost of Goods Sold)	
Taxes, Licenses	
Travel	
Meals, Entertainment	
Telephone	
Utilities	
Internet Service	
Wages Paid	
Bank Service Charges	
Freight, Shipping	
Dues, Publications	
Laundry, Cleaning	
Employer's Share of FICA	
Check box if you paid for your health insurance and list total payment. ☐	

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____