BUSINESS IN	COME & EXI	PENS	E W	OR	KSHE	ET		YE	AR	
NAME						_ Fe	ederal l	ID#		
NAME OF BUSINESS										
ADDRESS OF BUSINESS										
BUSINESS ACTIVITY (Ch						П	ser	vice 🗆		
PRODUCT SOLD OR SER					_		001			
How many months was this How many hours during the	·	_	-							ıro
Is any portion of your inves	•	•					S 🗖	NO E		JIS
io any portion or your invoc		ioi oabjec	it to pays	aon i	by you:			NO L	-	
	▼	BUSIN	NESS I	NC	OME ▼					
GROSS SALES/RECEIPTS			1099 – MISC. Bring in ALL 10 Non-Employee A							
CALEC TAY COLLECTED						Do your records agree YES				
	SALES TAX COLLECTED If not included in above							the amount re	eported?	NO 🗖
	nount included in Gross Sales at was refunded to your client			Did you receive \$10,000.00 in actual cas						,
OTHER INCOME Dir	OTHER INCOME Directly related to your business			individual at any one time — or amounts — during this tax yea						
					L			-		
▼ Sales of	Equipment, MacI	hinery,	, Land,	, Bu	iildings F	leld	for B	usiness	Use ▼	•
Kind of Property	Date Acquired	Da	ate Sold		Gross Sales Pric		Expen	ses of Sale	Original Cost	
	▼ BUSINESS	EXPEN	ISES (cos	t of good	ls s	old) 🔻	7		
PURCHASE OF PRODUCT & SUPPLIES FOR RESALE		FR	Shipping cost to receive product or FREIGHT-IN materials, if not included in purchases							
Act PERSONAL USE		OTHER COSTS								
			INVENTORY AT END OF YEAR							
♦ COST OF LABOR			How did you arrive at inventory value? Actual Cost Other (explain)							
PURCHASE OF MATERIAL FOR JOBS (co	onstruction or installation type)									
WATERIAL FOR GODO (CC	onstruction of installation type)									
▼ CAR and TR	UCK EXPENSES	▼					▼ OI	FFICE in	HOME	lacktriangle
			VEHICL	E 1	VEHICLE 2	Dat	o Acqui	red Home		
Year and Make of Vehicle			VEHICL	<u> </u>	VEHICLE 2		al Cost	reu nome		
Date Purchased (month, dat	te and vear)◊						st Of Lar	nd		
Ending Odometer Reading (December 31)								provements		
Beginning Odometer Reading (January 1)					_			e Of Home		
Total Miles Driven (End Odo – Begin Odo)						Sq.	Footage	e Of Office Ar	ea	
Total Business Miles (do you have another vehicle?)						Rei	nt Paid (If You Rent)		
Total Commuting Miles				Inte	erest		-			
Parking Fees and Tolls					Tax	es				
License Plates					Uti	ities/Ga	rbage			
Interest							urance	· · · · · ·		
Gas, oil, lube, repairs, tires, batte		expenses	if you	ı lease)	-		intenance I Per Week			
Lease Costs	i, wax, etc.						ked Per Week			

BUSINESS EXPENSES (continued)

ADVERTISING/PROMOTION: Ads, business cards,					EXPENSES (AWAY FROM HOME OVERNIGHT):					
greeting cards, etc. *COMMISSIONS & FEES PAID: Contract labor					Lodging Meals & tips (keep total separate from other costs)					
EMPLOYEE BENEFITS: Health insurance, company						ntion fees	ai separate nom otner co.	3(3)		
party, mileage reimbursements, etc.					Cruise					
INSURANCE: Wor	ker's comp, busin	ess liability	(do		Airplar					
not include auto/t										
INTEREST: Mortgage (on business bldg.):			g.):			ental, taxis or b (incidentals, laun				
Paid to financial institution						NTERTAINMEN	· ,			
	Paid to individual				Sales					
OTHER INTEREST:						Gifts (limited to \$25 per individual or couple)				
(do not include auto or truck)						Tickets Tickets to qualified charitable events				
	e insurance loans		′							
	ess only credit car				UTILITIES 8					
*LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, etc.					Electri					
	iting rees, bonds, p		<i>j.</i>		Natural gas/heating fuel (business)					
supplies, bank ch		ery, office			Garbage, water, sewer (business) Telephone (bus. line, second line, other options)			.\		
	SHARING: Employ	ees only				,				
*RENT/LEASE:	Machinery and e					, paging svcs, o	ce (from home telephone	;)		
-	Other business p	roperty					of W-2s/941s if they hav	e		
*REPAIRS & MAIN	ITENANCE: Buildin	ng, equipm	ent,		WAGES.					
etc. (do not include						Wages to spous Medicare tax)	e (subject to Soc.Sec. an	id		
SUPPLIES:	Misc. (not include	ed elsewhe	ere)		_	Children under 1	8 (not subject to Soc.Sec	C.		
	Small tools				_	and Medicare ta	x)			
TAXES: Perso	nal property				Other					
_Licen	ses (not auto/truck)				OTHER EXPENSES (not listed elsewhere): Bank charges					
_Real	estate of business	building &	land		Courier services					
	tax (if included in g									
Payroll (your share Soc.Sec./Medicare)					Dues & publication	lications				
TRAVEL (number of nights away):										
City Nights out City Nights out										
City Nights out City Nights out										
City Nights out City Nights out			Nights out			Printing & co	opying			
City Nights out City Nights out										
Oity 1	tigrito out oit	у	raignto out							
EQUIPMENT PURCHASED										
Item Purchased	Date Purchased	Business Use %	Cost (including	Item		Additional	Traded with Related	Other Information		
Purchased	Purchased		sales tax)	Irac	aea	Cash Paid	Property	information		
							rioporty			
*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 precipient. If recipient does not furnish you with his/her Social Secur Number, you are required to withhold tax on the payment(s).								s/her Social Security		
Name Address					urity #	Amount	Purpose of Payment			
						_				