

BUSINESS OR PROFESSION WORKSHEET

NAME _____

YEAR _____

Principal Business, Product or Service _____

Business Name & Address _____

Do you deduct expenses for business use of your home? If **NO**, proceed to Section 1. If **YES** fill in the following section:

Square feet of home _____ Square feet of business use area _____

Amount of time home used for business as in day care or storage _____

| | | | | |
|------------|-----------|----------|-----------|----------|
| Utilities: | Heat | \$ _____ | Electric | \$ _____ |
| | Telephone | \$ _____ | Prop. Tax | \$ _____ |

Mortgage Interest _____

Repairs to office area only _____

Repairs to common areas like roof, siding etc. _____

Casualty losses _____

Home Owners insurance _____

SECTION 1

GROSS CASH RECEIPTS OR SALES _____

GROSS CREDIT CARD RECEIPTS OR SALES (1099-K) _____

COST OF GOODS SOLD

Inventory at beginning of year _____

Purchases of Goods for Resale _____

Less: Inventory at end of year _____

SECTION 2

DEDUCTIONS

Advertising _____

Car & truck expense _____

Commissions & fees _____

Insurance: _____

Liability _____

Workman's Comp _____

Business vehicles _____

Personal vehicles _____

Employee health _____

Personal health _____

Interest: _____

Mortgage _____

Other _____

Legal & Professional _____

Office expense _____

Rent of lease: _____

Vehicles _____

Other business property _____

Repairs & maintenance _____

Supplies _____

Taxes & licenses _____

Travel, meals, entertainment: _____

Travel _____

Meals & entertainment _____

Utilities _____

Wages _____

Off Road Fuel (Gal _____)

Diesel (Gal _____)

Gasoline (Gal _____)

Other Expenses: _____

(OVER PLEASE)
EQUIPMENT BOUGHT

WHAT WAS BOUGHT

DATE

COST AFTER TRADE-IN

WHAT WAS TRADED IN

