

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 RECEIPTS OR SALES _____

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)

