

Business Income and Expense

2025 2024 2023 other _____

Business or Profession _____

Date _____

Business Name _____

Business Address _____

EIN# _____

City, State and Zip Code _____

**Month and Year
Business started** _____

Business Income Total \$ _____

Only expenses related to your business are allowed. Please enter the amount for each expense.

Monthly Bill

Business Cards _____
Postage _____
Ads _____
Flyers _____
Media _____

Cell Phone _____
Business/Office Phone _____
Internet Service _____
Cable Service _____
Website _____

Contract Labor (1099-NEC) _____
(amount you paid to independent Contractors)

Office Supplies _____
Small Tools _____
Paper Products _____

Commission/Referral Fees _____

(computer,laptop,tablet,cellphone, earbud,chargers,printer,etc.)

Merchant Account Fees (1099-K) _____

Insurance/Health (non-vehicle) _____
Overhead Insurance _____
Workers' Compensation _____
Merchandise/Inventory Insurance _____
Casualty Insurance (Theft, Flood, Fire) _____

Pension _____
Profit Sharing _____
Retirement Plans _____

Vehicle Loans Interest _____
Lines of Credit Interest _____
Loan Interest _____
Office/Building Mortgage Interest _____
Investment Interest _____

PO Box _____
Vehicle Rental _____
Machinery Rental _____
Office Space Rent _____
Retail Shop Rent _____
Building Rent _____

Legal Services

***Must be business related**

Accountant/Tax Preparation Fee _____
Legal/Professional Services _____

Travel/Lodging _____
Transportation _____
Entertainment _____
Meals _____

Materials _____
Parts _____
Equipment/Furniture _____

Supplies _____

Utilities _____

Repairs and Maintenance _____
(do not include vehicle expense)

Turn Over

Bad Debts _____
 Bank Service Charges _____
 Dues & Subscriptions _____
 Trash Removal _____
 Other Expenses _____

*Must be business related
 Real Estate Tax (office/building) _____
 Personal Property Tax Assets _____
 Licenses and Regulatory Fees _____
 Federal Highway Use Taxes _____

Inventory
 Beginning Inventory _____
 Purchases (less personal use) _____
 Labor Costs _____
 Materials/Supplies _____
 Warehouse/Storage Fees _____
 Ending Inventory _____

Taxes and Licenses
 Wages (payroll-W-2) _____
 State Tax _____
 Federal Tax _____
 SS Taxes _____
 Unemployment Taxes _____

Please enter amount for each. Must be business related expenses Only.

Mileage

Date of Service _____
 Commuting Miles _____
 Commuting Miles per day _____
 Business Miles (Jan-Dec) _____
 Other Miles _____

Depreciation

Office Equipment/Furniture
 Price _____ Date of purchase _____
 \$ _____

Machinery/Tools
 Price _____ Date of purchase _____
 \$ _____

Actual

Fuel/Oil _____
 Repairs _____
 Insurance _____
 License _____
 Maintenance _____
 Tolls/parking _____

Vehicle 1 Year/Make/Model
 Price _____ Date of purchase _____
 \$ _____
 Total Business Miles _____

Vehicle 2 Year/Make/Model
 Price _____ Date of purchase _____
 \$ _____
 Total Business Miles _____

Each question below **MUST** be answered.

circle one

Was your vehicle available during off duty hours? **yes** **no**
 Do you have another vehicle available for personal use? **yes** **no**
 Do you have evidence to support your deduction? **yes** **no**
 If Yes, is evidence written? **yes** **no**

*** By signing below I consent all information entered on this worksheet is true and to the best of my knowledge and I can provide proof with receipts or statements.**

Owner Signature _____

Date _____