

Small Business Worksheet

Name of Business:			Type of Business:		
Taxpayer Name:			Tax Payer SS#:		EIN:
Gross Income (provide any 1099's)	\$		Returns and Refunds	\$	
Cost of Inventory at Beginning of Year	\$		Cost of Inventory Purchased	\$	
Cost of Items for Personal Use	\$		Cost of Inventory at End of Year	\$	
Advertising	\$		Meals	\$	
Business Insurance (not health)	\$		Utilities – Outside of Home	\$	
Interest Mtg.	\$	Other Int.	Dues & Publications	\$	
Legal & Professional Fees	\$		Postage & Shipping	\$	
Rent – Outside of Home	\$		Telephone	\$	
Repairs	\$		Bank Charges	\$	
Supplies	\$		Self Employed Health Insurance	\$	
Taxes	\$		Other (Specify)	\$	
Travel	\$		Equipment Purchased – Provide list with cost and date purchased.		
Entertainment	\$		Date you started your business:	/ /	

Vehicle Expense
Please answer ALL questions below! The IRS requires written evidence of business miles to qualify for the deduction!

Type & Year of Vehicle:		Miles Driven for Business	mi.
Date First Used for Business:	/ /		
Do you have another car for personal use? Yes or No		Miles Driven for Personal	mi.
Do you have evidence to support the deduction? Yes or No			
Is this evidence written? Yes or No		Miles Driven for Commuting	mi.
Were you reimbursed or paid for any of your vehicle expense? Yes No		If yes, what was the amount? \$	

Home Office

Square Footage of Home	sq./ft	Cost of Utilities Except Water per Month	\$
Square Footage of Space/Room Used	sq./ft	Amount of Rent Paid per Month	\$
Fair Market Value of Home	\$	Insurance – Homeowners/Renters	\$
Number of Months Office was in Home		Other - Specify	\$

List Equipment Purchased	Date Purchased	Placed in Service	Cost
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$
	/ /	/ /	\$

Estimated Payments:

Federal Amount	Date Payment Made	State Amount	Date Payment Made
\$		\$	
\$		\$	
\$		\$	
\$		\$	

Small Business Comments and Other Expenses:
