

BUSINESS INCOME WORKSHEET

Taxpayer's Name _____

TAX YEAR 2012

Business Name _____

Business Address _____

Description of Business (product or service)_____

BUSINESS INCOME:		Amount	BUSINESS EXPENSES:		AMT PAID
Gross Receipts/Sales			Advertising		
Less Returns and Allowances			Bad Debts from Sales/Service (if on accrual basis)		
Other Income			Car Expense (Total) %		
			Truck Expense (Total) %		
			Commissions		
COST OF GOODS SOLD AND/OR OPERATIONS:			Employee Benefit Programs		
Inventory-Beginning of Year			Insurance (Other than Health)		
Purchased			Mortgage Interest		
Merchandise Less Personal Withdrawals			Other Interest		
Materials & Supplies (Not Included in Supplies Listed under Business Expenses)			Legal, Professional		
Other Costs			Office Expense (Incl. Postage)		
Inventory at End of Year			Pension/Profit-Sharing Plans		
DO YOU PLAN TO DEDUCT EXPENSES FOR AN OFFICE (OR FOR YOUR CHILD CARE BUSINESS) IN YOUR HOME FOR 2012? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide the following:			Rent of Machinery, Equipment		
			Rent on Business Property		
			Repairs, Maintenance		
			Supplies (Not Included in Cost of Goods Sold)		
			Taxes, Licenses		
			Travel		
			Meals, Entertainment		
			Telephone		
			Utilities		
			Internet Service		
Total Square Footage/Home			Wages Paid		
Sq. Footage Used For Business			Bank Service Charges		
Mortgage Interest Paid			Freight, Shipping		
Real Estate Taxes Paid			Dues, Publications		
Insurance Paid			Laundry, Cleaning		
Repairs, Maintenance			Employer's Share of FICA		
Electric, Heat, Water, Etc.					
Other					
For child care business indicate the number of days used during year _____ and number of hours each day _____; or total number of hours in year _____.					
			Check box if you paid for your health insurance and list total payment. <input type="checkbox"/>		

BRING TO THE OFFICE ALL FORMS 1099 RECEIVED SHOWING BUSINESS INCOME.

INFORMATION ON VEHICLES USED IN BUSINESS OPERATION

Vehicle	Year Purch.	Percent Business Use	Total Miles Driven	Total Business Miles
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Do you have evidence for the vehicles above to support the business use percentage claimed? Yes___ No___ Is this evidence written? Yes___ No___

If you have not previously advised the office of any depreciation changes, please complete the following schedule:

New Items for Depreciation:

Date Purchased	Description of Item Purchased	New or Used	Item Traded (if any)	Cash Difference	Cost if no Trade-in
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Did you "materially participate" in the business (involved on a regular, continuous, and substantial basis in the operation of the business) this year: Yes___ No___