

Business Worksheet - Tax Year 2024

Name of Business / DBA / LLC / CORP:					
Business Address:	Street:				
	City:			State:	Zip:
Employer Identification Number (EIN):	:				
Principal Business Type or Profession:					
Business Operated by: Taxpayer	☐ Spouse	☐ Both			
Tax Entity Type: C Corp	S Corp	LLC Single	LLP		
Any payments over \$600 to Subcontrac which require you to file Form 1099?	ctors	YES	□NO		
If YES , did you or will you file all require forms 1099/1096?	ed	YES	□NO		
BUSINESS INCOME (without sales tax):	•	\$			
OTHER INCOME (fuel refunds, etc.):		\$			
COST of GOODS SOLD (items resold or of materials used in your service/produ		\$			
Profit and Loss/Financials will be provide	ded by:	☐ Business W	Vorksheet this worksheet)		
			cs / Accounting Renaited — only page	•	heet is required.)
Submission of Income and Expenses			s Online Access nciled – only page	e 1 of this works	heet is required.)
I agree that the amounts provided in m records that will be used to prepare my	-		ther <u>accepted</u> sub	missions are the	e final financial
Submission of self-made spread sheets	will NOT be	e used and TAI w	vill not compare n	umbers on pers	onal forms.
The financials provided are not estimat	tes and are	a FINAL reflectio	on of my Profit and	d Loss records.	
I have read and agree to the terms abo	ove.				

EXPENSES: \$ AMOUNT (Yearly) Advertising (websites, ads, promotional items) Commissions Subcontract / Independent Labor Employee Benefits (Pension match, life insurance) Employee Health Insurance Self Employed Health Insurance (for OWNER only) **Business Insurance** Liability Insurance Workers Compensation Insurance Mortgage Interest (Business only – NOT your home) **Business Loans and Credit Card Interest** Legal and Professional Fees Office Supplies (paper, software, pens, stamps) General Supplies (equipment, misc. items) Machine and Equipment Rental Property / Office Rental Repair and Maintenance on Building, Land Repair and Maintenance on Equipment **Business Property Tax** Excise or Highway Tax Licenses, Permits, and Fees (DBA fees, permits) Travel (hotel, airfare, rental car) Client Business Meals (NOT personal entertainment) Employee Meals / Staff Parties Utilities (propane, electric, heat/oil, village water) GROSS Wages – Employee (please submit W-3 and Year End payroll summary for taxes) Bank/Credit Card Fees and Service Charges Business Gifts (items purchased for customers - \$25 limit / per gift) Dues and Subscriptions (magazines, memberships, online, QuickBooks) Internet **Computer Services** Parking and Tolls Shipping and Freight Charges **Continuing Education** Telephone / Cell Phone Service Security Small Tools Uniforms / Laundry Service Waste Removal

OTHER EXPENSES (Please list any additional specific items below)	\$ AMOUNT (Yearly)

FIXED ASSETS:

List any purchases of furniture or equipment over \$3,000. (Submit sale invoices for large purchases over \$3,000 only.)

Description (Model, Year, Type)	Price	Date Purchased

List any assets that you sold, traded, or disposed of this tax year:

Description (Model, Year, Type)	Selling Price, Trade Value, or Disposal	Date Disposed, Sold, or Traded

OFFICE IN HOME: This applies only to fully dedicated office space.

Total square footage of finished living space (not attic or unfinished basement)	
Square Footage dedicated for business use only	
Expenses: DO NOT include or duplicate amounts from the above business expenses.	
Mortgage Interest only (not entire payment) or Rent payment	
Real Estate Taxes (school, county/town/village)	
Homeowners / Renters Insurance	
Repairs and Maintenance	
Utilities	
Water & Sewer	
Others Toy / Additional Desires as Informations	
Other Tax / Additional Business Information:	



Auto and Truck Expense Worksheet	VEHICLE 1	VEHICLE 2	VEHICLE 3	VEHICLE 4
Make and Model				
Year of Vehicle				
Date Purchased or Acquired				
Date placed in business service				
Type of Vehicle (Auto or Truck)				
Total Miles Driven (Sum equals 3 lines below)				
Business Miles				
Commuting Miles				
Personal Miles				
Did you have another vehicle for personal use?	YES NO	YES NO	YES NO	YES NO
Is the vehicle used primarily by owner or related person?	YES NO	YES NO	YES NO	YES NO
Do you have written evidence of business use	YES NO	YES NO	YES NO	YES NO
claimed (i.e. mileage log, report)?	_			_
Is the vehicle leased?	YES NO	YES NO	YES NO	YES NO
Actual Expenses (If using this method,				
typical of heavy or costly vehicles):				
Cost of Vehicle (including special installed equipment - i.e. Toolbox, Plow)				
Gasoline				
Oil, Maintenance and Repairs				
Insurance				
Registration and License				
Lease Payments				
Interest ONLY portion of Vehicle loan payments (NOT full monthly payment)				
Did you sell or trade in a previously used business vehicle?	YES NO	YES NO	YES NO	YES NO
*If YES, please include the dealer invoice or				
other documentation.				