

# BUSINESS INCOME & EXPENSE WORKSHEET



**Neuman & Company, P.A.**  
 Certified Public Accountants  
 Phone: 407--862-7557 / Fax 407-862-2810

**YEAR** \_\_\_\_\_

NAME \_\_\_\_\_ Federal ID # \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

TYPE OF CONSULTING PERFORMED \_\_\_\_\_

How many months was this business in operation during the year? 12 Months **OR** From \_\_\_\_\_

How many hours during the year did you and/or your spouse devote to this business? FULL TIME **OR** # of hours \_\_\_\_\_

Is any portion of your investment in this business *not* subject to payback by you? YES NO

## ▼ BUSINESS INCOME ▼

GROSS RECEIPTS FOR SERVICES: Reported on 1099: Not reported on 1099:		1099—MISC. Bring in ALL 1099s received. Include <u>Non-Employee Amount in Gross Sales.</u> Do your records agree YES with the amount reported? NO Did you receive \$10,000.00 in actual cash from any individual at any one time—or in accumulated amounts—during this tax year?
OTHER INCOME: Honorariums, speaker's fee's, referral fees, barter, etc.		

## ▼ Sales of Equipment, Machinery, Land, Buildings Held for Business Use ▼

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

## ▼ CAR and TRUCK EXPENSES ▼

Manufacturer's gross vehicle weight:	Vehicle 1	Vehicle 2
	Year and Make of Vehicle	Less than 6000 lbs
	More than 6000 lbs	More than 6000 lbs
Date Purchased (month, date and year)		
Ending Odometer Reading (December 31)		
Beginning Odometer Reading (January 1)		
Total Miles Driven (End Odo—Begin Odo)		
Total Business Miles (do you have another vehicle?)		
Total Commuting Miles		
Parking Fees and Tolls		
License Plates		
Interest		
<b>Continue only if you take actual expense (must use actual expense if you lease)</b>		
Gas, oil, lube, repairs, tires, batteries, insurance Supplies, wash, wax, etc.		
Lease Costs		

## ▼ OFFICE in HOME ▼

<i>Office must be focal point of business</i>	
Date Acquired Home	
Total Cost	
Cost of Land	
Cost of Improvements	
Sq. Footage of Home	
Sq. Footage of Office Area	
Rent Paid (if you rent)	
Interest	
Taxes	
Utilities/Garbage	
Insurance	
Repairs/Maintenance	
House Used per Week	
Hours Worked per Week	

## CONSULTANT BUSINESS EXPENSES (continued)

<b>ADVERTISING/PROMOTION:</b> Ads, business cards, Christmas cards, flyers, promo items, etc.	
<b>◆ COMMISSIONS &amp; FEES PAID:</b> Contract labor, management fees, referral fees, etc.	
<b>EMPLOYEE BENEFITS:</b> Health insurance, Christmas party, mileage reimbursement, etc.	
<b>INSURANCE:</b> Worker's comp, business liability malpractice (do not include auto/truck, health)	
<b>INTEREST:</b> Mortgage Paid to financial institution Paid to individual	
<b>OTHER INTEREST:</b> (do not include auto or truck) List life insurance loans separately Business only credit card	
<b>◆ LEGAL &amp; PROFESSIONAL:</b> Attorney fees for business, accounting fees, clerical/secretarial services, bonds, permits, etc.	
<b>OFFICE EXPENSE:</b> Postage, stationery, office supplies, pens, faxes, etc.	
<b>PENSION/PROFIT SHARING:</b> Employees only	
<b>◆ RENT/LEASE:</b> Machinery and equipment Other bus. property, storage fees	
<b>◆ REPAIRS &amp; MAINTENANCE:</b> Building, maintenance agreements, equipment (not auto/truck)	
<b>SUPPLIES:</b> Batteries, film, A/V tapes Small tools	
<b>TAXES:</b> Personal property Licenses (not auto/truck) Business Real estate bldg. & land Payroll	

<b>TRAVEL:</b> (number of nights away) City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____	
<b>EXPENSES (Away from Home Overnight):</b> Lodging _____ Meals & tips (keep total separate from other costs) _____ Other (incidentals, laundry, etc.) _____ Convention fees _____ Airplane or train fares _____ Auto rental, taxis or bus fares _____	
<b>MEALS &amp; ENTERTAINMENT:</b> Business lunches _____ Gifts (limited to \$25 per individual or couple) _____ Tickets _____ Tickets to qualified charitable events _____	
<b>UTILITIES &amp; TELEPHONE:</b> Electricity (business) _____ Natural gas/heating fuel (business) _____ Garbage, water, sewer (business) _____ Telephone (bus. line, second line, other options) _____ Business long distance (from home telephone) _____ Faxes, paging svcs., cellular svcs., pay phone _____	
<b>WAGES (bring your copy of W-2s/941s if they have been filed):</b> Wages to spouse (subject to Soc. Sec. & Medicare tax) _____ Children under 18 (not subject to Soc. Sec. & Medicare tax) _____ Other _____	
<b>OTHER EXPENSES (Not listed elsewhere):</b> Bank charges & credit card fees _____ Business-related books _____ Dues & publications _____ Education & seminars _____ Education & seminars _____ Laundry & cleaning _____ Online services _____ Printing & copying _____ Show fees _____ Shipping & courier services _____	

### BUSINESS EQUIPMENT PURCHASED & LEASEHOLD IMPROVEMENTS

Calculator, camera, software, fax, copier, furnishings, briefcase, etc...

Item Purchased	Date Purchased	Cost (including sales tax)	Item Traded	Additional Cash Paid	Traded with Related Property	Other Information

◆ 1099s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer.

Due date of return is January 31st. Nonfiling penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold tax on the payments.

Name	Address	Social Security #	Amount	Purpose of Payment

Sign here \_\_\_\_\_