



# Small Business Year End Tax Worksheet

Company: \_\_\_\_\_ Tax Year: \_\_\_\_\_

**S-Corp and Partnership returns due March 15th; Corporate and Individual Returns due April 15th**

## Revenue

**Total Sales & Revenues** \$ \_\_\_\_\_

## \*Cost of Goods Sold

\$ _____	<b>Ending Inventory 12/31</b>	\$ _____	<b>Subcontractor Labor</b>
	<b>Purchases</b>	\$ _____	<b>Delivery/Freight Charges</b>
\$ _____	Materials	\$ _____	<b>Other Cost of Goods</b>
\$ _____	Products for Resale	<b>* Required for Sales &amp; Construction Businesses</b>	

## Expenses

\$ _____	<b>Accounting Services</b>	\$ _____	<b>Office Expenses</b>
\$ _____	<b>Advertising &amp; Marketing</b>	\$ _____	<b>Outside Services</b>
\$ _____	<b>Bank Charges</b>	\$ _____	<b>Parking &amp; Tolls</b>
\$ _____	<b>Business Development</b>	\$ _____	<b>Postage</b>
\$ _____	<b>Credit Card Service Fees</b>	\$ _____	<b>Printing</b>
\$ _____	<b>Car &amp; Truck</b>	\$ _____	<b>Professional Development</b>
\$ _____	Actual Out-of-Pocket Expenses**		<b>Rent</b>
	<b>Vehicle Info</b>	\$ _____	Real Estate
	Type: <input type="checkbox"/> Car <input type="checkbox"/> Truck	\$ _____	Vehicle Lease
	Make/Model _____	\$ _____	Equipment
	Total Mileage _____	\$ _____	<b>Repairs &amp; Maintenance</b>
	Business Miles _____	\$ _____	<b>Salaries &amp; Wages</b>
\$ _____	<b>Total Mileage Expense =</b>	\$ _____	<b>Security</b>
	Business Miles X Rate _____¢ per mile	\$ _____	<b>Supplies &amp; Materials</b>
\$ _____	<b>Commissions</b>		<b>Taxes</b>
\$ _____	<b>Continuing Education</b>	\$ _____	KY State License (\$175 LLET)
\$ _____	<b>Contract Labor/Temp Staff</b>	\$ _____	Local Net Profits
\$ _____	<b>Depreciation</b>	\$ _____	Tangible Property
\$ _____	<b>Dues &amp; Subscriptions</b>	\$ _____	License & Permits
\$ _____	<b>Employee Benefits</b>	\$ _____	Real Estate
\$ _____	<b>Flowers &amp; Gifts</b>	\$ _____	Payroll
	<b>Insurance</b>	\$ _____	Other
\$ _____	Commercial Liability		<b>Telephone</b>
\$ _____	Workers' Comp	\$ _____	Office
\$ _____	Surety Bond	\$ _____	Cell Phone
\$ _____	Health & Dental		_____ % Business Use
\$ _____	Malpractice	\$ _____	<b>Small Tools &amp; Equipment(&lt;\$200/item)</b>
\$ _____	Disability	\$ _____	<b>Travel</b>
\$ _____	<b>Interest-Mortgage</b>	\$ _____	<b>Uniforms</b>
\$ _____	<b>Interest-Other</b>		<b>Utilities</b>
\$ _____	<b>Internet Service</b>	\$ _____	Electric
\$ _____	<b>Janitorial</b>	\$ _____	Gas
\$ _____	<b>Laundry/Dry Cleaning</b>	\$ _____	Water/Trash
\$ _____	<b>Legal &amp; Professional Services</b>	\$ _____	Cable
\$ _____	<b>Meals &amp; Entertainment</b>	\$ _____	<b>Website Hosting &amp; Development</b>
		\$ _____	<b>Total Expenses</b>

**Standard Mileage Rates:** 2018 - 54.5¢ per mile 2019 - 58¢ per mile 2020 - 57.5¢ per mile 2021 - 56¢ per mile

\*\* (Insurance, Gas, Oil, Repairs, Wipers, Tires, Depreciation/Cost of Vehicle, License/Tags)

## Balance Sheet Statement

**Assets**

Reconciled Cash Balance on 12/31

\$ \_\_\_\_\_ **Total New Fixed Assets** (Computers, Equipment, Furniture, etc.)

AMOUNT	DESCRIPTION	PURCHASE DATE
\$ _____	_____	____/____/____
\$ _____	_____	____/____/____
\$ _____	_____	____/____/____
\$ _____	_____	____/____/____
\$ _____	_____	____/____/____
\$ _____	_____	____/____/____
\$ _____	_____	____/____/____
\$ _____	_____	____/____/____
\$ _____	_____	____/____/____

**Liabilities & Equity**

\$ \_\_\_\_\_ Notes Payable  
 \$ \_\_\_\_\_ Loans from Shareholders/Owners

Notes:

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### Home Office Expense for Form 1040, Sch. C

\$ _____	<b>Furniture (Desks, Chairs, etc.)</b>	\$ _____	<b>Utilities</b>
	<b>Housing Costs</b>	\$ _____	Electric
\$ _____	Rent Expense	\$ _____	Gas
\$ _____	Mortgage Interest	\$ _____	Trash
\$ _____	Property Tax	\$ _____	Water/Sewer
\$ _____	Homeowner's Insurance		<b>Other</b>
\$ _____	Home Repairs/Maintenance	\$ _____	_____

**Square Footage**

Entire Home \_\_\_\_\_ sq. ft. Home Office \_\_\_\_\_ sq. ft.

The above information is furnished to Legacy Consulting Group, LLC. for the purpose of preparing all applicable tax returns related to the business listed above. This information is accurate and complete to the best of my knowledge and accurately represents all income and expenses associated with this business activity for the applicable tax year. I have gathered this information from records and documents maintained by the business. While Legacy Consulting Group, LLC will not audit or verify these records, I understand my need to keep these records on file within the business for a minimum of three years. I also understand that at any future point, I may be asked by Legacy Consulting Group, LLC. or a governmental taxing authority to clarify or produce these records in order to verify the information listed above. I accept full responsibility for the accuracy of this data and for the maintenance of the underlying documentation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date