

BUSINESS WORK SHEET

OWNER'S NAME _____ YEAR _____

BUSINESS NAME _____ SOCIAL SECURITY NO. _____

BUSINESS ADDRESS _____ E.I. NO. 35 - _____

BUSINESS ACTIVITY AND PRODUCT _____

BUSINESS INFORMATION

Starting Inventory	\$	Accounts Receivable - Dec. 31st	\$
Ending Inventory	\$	Cash not Deposited in Bank - Dec. 31st	\$
Was Inventory Priced at Cost? Yes _____ No _____		Cash in bank - Dec. 31st	
If "No", How was it priced?		Accounts Payable - Dec. 31st	
		Notes Payable - Dec. 31st	

Are you deducting expenses for an office in your home? Yes _____ No _____

Did you materially participate in the operation of this business in the current year? Yes _____ No _____

Was this business acquired before 10 / 22 / 86? Yes _____ No _____

Accounting method used Cash _____ Accrual _____ Other _____

Inventory valuation method used Cost _____ Lower of cost or market _____ Other _____

THE FOLLOWING **MUST** BE COMPLETED BY ANYONE CLAIMING A DEDUCTION FOR BUSINESS USE OF AN AUTO, VAN AND/OR PICK-UP
INFORMATION REGARDING BUSINESS USE OF AN AUTO, VAN AND/OR PICK-UP:

	<u>VEHICLE 1</u>	<u>VEHICLE 2</u>	<u>VEHICLE 3</u>
DESCRIPTION OF VEHICLE	_____	_____	_____
DATE VEHICLE PURCHASED	_____	_____	_____
COST OF VEHICLE	_____	_____	_____
ODOMETER READING - END OF YEAR	_____	_____	_____
ODOMETER READING - BEG. OF YEAR	_____	_____	_____
TOTAL MILES DRIVEN	_____	_____	_____
TOTAL COMMUTING MILES DRIVEN	_____	_____	_____
TOTAL OTHER PERSONAL MILES DRIVEN	_____	_____	_____

ANSWER THE FOLLOWING QUESTIONS BY VEHICLE:

	VEHICLE 1		VEHICLE 2		VEHICLE 3	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>

DO YOU HAVE EVIDENCE TO SUPPORT THE BUSINESS MILES DRIVEN? _____

IS THE EVIDENCE WRITTEN? _____

ADDITIONAL QUESTIONS PERTAINING TO PERSON(S) USING AN EMPLOYER PROVIDED VEHICLE(S):

WAS THE VEHICLE AVAILABLE FOR PERSONAL USE DURING OFF DUTY HOURS? _____

WAS THE VEHICLE USED PRIMARILY BY A PERSON OWNING GREATER THAN ONE PERCENT (1%) OF THE CORPORATE STOCK? _____

IS ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE IN ADDITION TO THE VEHICLE(S) LISTED ABOVE? YES _____ NO _____

BUSINESS INCOME

Merchandise Sales	\$	Other Income (Form 1099)	\$
Service Income		Total Income	
Other Sales		Is Sales Tax included in Income? Yes ___ No ___	

BUSINESS EXPENSES (Business portion only)

Purchases for resale less cost of items withdrawn for personal use	
Wages Paid (before deductions)	
Materials and supplies	
Other costs	

V E H I C L E S	Gas & Oil	\$	% Business
	License	\$	
	Insurance	\$	
	Repairs	\$	
	Interest	\$	
	Total Miles Driven		
	Business Miles		

T A X E S	Personal Property Taxes	
	Real Estate Taxes	
	Payroll Taxes	

Advertising	
Bad debts from sales or services	
Bank service charges	
Truck expenses	
Commissions	
Depreciation	
Dues and publications	
Employee benefit programs (health insurance)	
Freight	
Health Insurance (owner/family)	
Other Insurance	
Mortgage interest (Form 1098) (Paid to financial institutions)	
Other Interest (not vehicle)	
Laundry and cleaning	
Legal and professional services	

Office expense	
Pension and profit-sharing plans	
Rent on business property	
Repairs	
Supplies	
Travel (lodging & transportation)	
Meals and entertainment	
Utilities and telephone	
Wages	
Other expenses (list type and amount):	

ENTER ASSETS PURCHASED OR SOLD ON ENCLOSED ASSET ACQUISITION/DISPOSAL WORKSHEET