

## SMALL BUSINESS WORKSHEET

Name \_\_\_\_\_  
 Address \_\_\_\_\_

Federal ID# \_\_\_\_\_  
 Main Business Activity \_\_\_\_\_

### Expenses

Advertising \_\_\_\_\_

Car/Truck Expense\* \_\_\_\_\_

Dues/Publications \_\_\_\_\_

Employee Benefits  
 (including meals) \_\_\_\_\_

Insurance (not health)@ \_\_\_\_\_

Interest – Mortgage \_\_\_\_\_  
 - Other \_\_\_\_\_

Office Expense \_\_\_\_\_

Postage \_\_\_\_\_

Professional Fees \_\_\_\_\_

Rent/Leases \_\_\_\_\_

Repairs \_\_\_\_\_

Supplies \_\_\_\_\_

Taxes \_\_\_\_\_

Travel \_\_\_\_\_

Entertainment/Meals  
 (not for employees) \_\_\_\_\_

Utilities: Telephone \_\_\_\_\_  
 Electricity \_\_\_\_\_

Wages Paid \_\_\_\_\_

Other Expenses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Expenses \_\_\_\_\_

**Sales (total)** \$ \_\_\_\_\_

Other Income \_\_\_\_\_

Total Income \_\_\_\_\_

**Beginning Inventory** \_\_\_\_\_

Purchases-current year  
 (less personal use) \_\_\_\_\_

Ending Inventory \_\_\_\_\_

Cost of Goods Sold \_\_\_\_\_

### \*Standard Mile Deduction

Total Miles \_\_\_\_\_

Business Miles: \_\_\_\_\_

Commuting Miles \_\_\_\_\_

Other Miles \_\_\_\_\_

\*Do you have another vehicle  
 for personal use?            Y    N

\*Do you have evidence to  
 support your deduction?    Y    N

\*Is the evidence written?    Y    N

### Office in Home Deduction

\*Do you have an office in your  
 home that you are deducting  
 expenses for?                    Y    N  
 (list these expenses separately)

### @ Health Insurance

Amount paid for health  
 insurance                    \$ \_\_\_\_\_

**Please list any business assets purchased  
 or sold on another sheet, AND indicate if  
 it is new or used.**