



General Information

Business Owner _____
 Business Description _____
 Business Name (if no separate name, leave blank) _____
 Employer ID Number (if different from SSN) _____
 Accounting method: Cash Accrual Other (specify) _____
 Did you materially participate in the business during this year? Yes No
 Did you start or acquire this business this year? Yes No

Income

Gross receipts from 1099-MISC _____ *(provide forms please)*
 Other gross receipts or sales _____
 Returns and allowances _____
 Cost of goods sold:
 Inventory at beginning of year _____
 Purchases less personal use items _____
 Cost of labor (not self) _____
 Materials and supplies _____
 Other costs _____
 Inventory at end of year _____

***Instructions for Income Section:**
 To use an "Order Listing" for the entire year, use the following to fill in the Income section:
 Gross Receipts =
 Part 1 (Product) +
 Part 2 (Samples) +
 Part 3 (Supplies) +
 Misc
 Purchases = Part 1 (Product) –
 Discounts
 Samples and Supplies =
 Part 2 (Samples) +
 Part 3 (Supplies)
 Other Costs = Misc

Expenses

Advertising _____
 Car and truck _____ *(see worksheet)*
 Commissions and fees _____
 Contract labor _____
 Depletion _____
 Depreciation and section 179 _____ *(see worksheet)*
 Employee benefit programs (other than pension and profit-sharing plans) _____
 Insurance (other than health) _____
 Interest:
 Mortgage (not home office) _____
 Other _____
 Legal and professional services _____
 Office expense _____
 Home Office expenses _____ *(see worksheet)*
 Pension and profit-sharing plans _____
 Rent or lease:
 Vehicles, machinery, equipment _____
 Other business property _____
 Repairs and maintenance _____
 Supplies (not included in COGS) _____
 Taxes and licenses _____
 Travel & meals:
 Travel _____
 Meals _____
 Utilities (not home office) _____



Tastefully Simple Questionnaire

Wages (less employment credits) _____

Other expenses (specify):

 Telephone _____

 Postage _____

Car and Truck Expenses Worksheet

Vehicle Description			
Date placed in service			
Total miles for year			
Business miles for year			
Commuting miles for year			
Another vehicle for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Available during off-duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Depreciation and Section 179 Worksheet

Description of asset							
Date placed in service							
Cost or Basis							
Prior-Year Section 179							
Prior-Year depreciation							
Date of Disposal							
Sale Price							
Sales Expenses							



Home Office Deductions Worksheet

Area used exclusively for business _____

Total area of home _____

I wish to take the "Safe Harbor" (simple) home office deduction: ____ No ____ Yes (STOP HERE)

Mortgage Interest _____

Real estate taxes _____

Insurance _____

Repairs and maintenance _____

Utilities:

 Gas _____

 Electric _____

 Water _____

 Sewer _____

 Trash pickup (NOT yard maint.) _____

Other expenses _____