

**SILBERNICK ACCOUNTING, INC.**

**505 22<sup>nd</sup> Ave E, Suite 9  
ALEXANDRIA, MN 56308  
320-762-9749**

**BUSINESS INCOME & EXPENSE WORKSHEET**

Name \_\_\_\_\_ Federal ID# \_\_\_\_\_

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Product Sold or Services Performed \_\_\_\_\_

Gross Sales/Receipts (Include all 1099 Income) \_\_\_\_\_ 1099MISC - Bring in ALL 1099's received. Include Non  
Sales Tax Collected (If not included in above) \_\_\_\_\_ Non-Employee Amount in Gross Sales.  
Returns/Refunds (Amount included in Gross Sales) \_\_\_\_\_ Does your records agree with the amount  
Other Income (Directly related to your business) \_\_\_\_\_ reported? Y\_\_\_\_ N\_\_\_\_  
Did you receive \$10,000.00 in actual cash from any individual  
at any one time-or in accumulated amounts-during the tax year?

**SALES OF EQUIPMENT, MACHINERY, LAND, BUILDINGS HELD FOR BUSINESS USE**

<u>Kind of Property</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Gross Sales Price</u>	<u>Expenses of Sale</u>	<u>Original Cost</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**BUSINESS EXPENSES (COST OF GOODS SOLD)**

Purchase of Product & Supplies for Resale \_\_\_\_\_ Freight-In (Shipping cost to receive  
Personal Use (Actual cost of items for family use) \_\_\_\_\_ products or materials, if not included  
Cost of Labor \_\_\_\_\_ in purchases  
Purchase of Material for Jobs \_\_\_\_\_ Other Costs \_\_\_\_\_  
Inventory at End of Year \_\_\_\_\_  
How did you arrive at inventory value?  
Actual Cost \_\_\_\_\_ Other \_\_\_\_\_

**CAR and TRUCK EXPENSES**

**OFFICE IN HOME**

	<u>Vehicle 1</u>	<u>Vehicle 2</u>	<u>Date Acquired Home</u>	_____
Year and Make of Vehicle	_____	_____	Total Cost	_____
Date Purchased (month, date and year)	_____	_____	Cost of Land	_____
Ending Odometer Reading (December 31)	_____	_____	Cost of Improvements	_____
Beginning Odometer Reading (January 1)	_____	_____	Sq. Footage of Home	_____
Total Miles Driven (End Odo - Beg Odo)	_____	_____	Sq. Footage of Office Area	_____
Total Business Miles (do you have another vehicle?)	_____	_____	Rent Paid (If You Rent)	_____
Total Commuting Miles	_____	_____	Interest	_____
Parking Fees and Tolls	_____	_____	Taxes	_____
License Plates	_____	_____	Utilities/Garbage	_____
Interest	_____	_____	Insurance	_____
(Continue below if you take actual expense (must use actual expenses if you leased)			Repairs/Maintenance	_____
Gas, oil, repairs, tires, batteries, insurance, supplies, wash, wax, etc.	_____	_____	Hours Used Per Week	_____
Lease Costs	_____	_____		

Hours Worked Per Week \_\_\_\_\_

**BUSINESS EXPENSES (continued)**

Advertising/Promotion _____ Commissions & Fees Paid _____ Employee Benefits _____ Insurance _____ Interest: Mortgage _____ Paid to financial institution _____ Paid to individual _____ Other Interest _____ Legal & Professional Fees _____ Office Expense _____ Pension/Profit Sharing _____ Rent/Lease _____ Repairs & Maintenance _____ Supplies _____ Taxes: Personal Property _____ Licenses (not auto/truck) _____ Real Estate of business building _____ Sales Tax (if included in gross sales) _____ Payroll Tax _____ Travel (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 _____	Expenses Away from Home Overnight: Lodging _____ Meals & Tips (keep total separate from other costs) _____ Convention fees _____ Cruise ship convention/seminar _____ Airplane or train fares _____ Auto rental, taxis or bus fares _____ Other (incidentals, laundry, etc.) _____ Meals & Entertainment Business Meals _____ Gifts (limited to \$25 per individual or couple) _____ Tickets _____ Tickets to qualified charitable events _____ Utilities & Telephone Electricity (business) _____ Natural gas/heating fuel (business) _____ Garbage, water, sewer (business) _____ Telephone (bus. line, second line, other options) _____ Business long distance (from home telephone) _____ Fax transmissions, paging svcs, cellular svcs _____ Wages (bring your copies of W-2's/941's if they have been filed) _____ Wages to spouse (subject to Soc. Sec. and Medicare tax) _____ Children under 18 (not subject to Soc. Sec. and Medicare tax) _____ Other _____ Other Expenses (not listed elsewhere) _____ _____ _____
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**EQUIPMENT PURCHASES**

<u>Item Purchased</u>	<u>Date Purchased</u>	<u>Cost (including sales tax)</u>	<u>Item Traded</u>	<u>Additional Cash Paid</u>	<u>Traded with Related Property</u>	<u>Other Information</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

<u>Name</u>	<u>Address</u>	<u>Social Security #</u>	<u>Amount</u>	<u>Purpose of Payment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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