

# LAW ENFORCEMENT / SECURITY INCOME & EXPENSE WORKSHEET

YEAR \_\_\_\_\_

NAME \_\_\_\_\_ Federal ID # \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

TYPE OF CONSULTING PERFORMED \_\_\_\_\_

How many months was this business in operation during the year? 12 Months  OR From \_\_\_\_\_ Through \_\_\_\_\_

How many hours during the year did you and/or your spouse devote to this business? FULL TIME  OR # of hours \_\_\_\_\_

Is any portion of your investment in this business *not* subject to payback by you? YES  NO

## ▼ BUSINESS INCOME ▼

|   |  |  |
|---|--|--|
| <b>GROSS RECEIPTS FOR SERVICES:</b><br><br>Reported on 1099:<br><br>Not reported on 1099: |  | <b>1099 – MISC.</b> Bring in ALL 1099s received. Include Non-Employee Amount in Gross Sales.<br><br>Do your records agree with the amount reported? YES <input type="checkbox"/> NO <input type="checkbox"/><br><br>Did you receive \$10,000.00 in actual cash from any individual at any one time—or in accumulated amounts—during this tax year? |
|   |  |  |
| <b>OTHER INCOME: Honorariums, speaker's fee's, referral fees, barter, etc.</b>            |  |  |

## ▼ Sales of Equipment, Machinery, Land, Buildings Held for Business Use ▼

| Kind of Property | Date Acquired | Date Sold | Gross Sales Price | Expenses of Sale | Original Cost |
|------------------|---------------|-----------|-------------------|------------------|---------------|
|                  |               |           |                   |                  |               |
|                  |               |           |                   |                  |               |
|                  |               |           |                   |                  |               |
|                  |               |           |                   |                  |               |
|                  |               |           |                   |                  |               |

## ▼ CAR and TRUCK EXPENSES ▼

|  | VEHICLE 1 | VEHICLE 2 |
|--|-----------|-----------|
| Year and Make of Vehicle   |           |           |
| Date Purchased (month, date and year)◊   |           |           |
| Ending Odometer Reading (December 31)  |           |           |
| Beginning Odometer Reading (January 1)   | –         | –         |
| Total Miles Driven (End Odo – Begin Odo)   |           |           |
| Total Business Miles (do you have another vehicle?)                                    |           |           |
| Total Commuting Miles  |           |           |
| Parking Fees and Tolls   |           |           |
| License Plates   |           |           |
| Interest   |           |           |
| <i>Continue only if you take actual expense (must use actual expense if you lease)</i> |           |           |
| Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.        |           |           |
| Lease Costs  |           |           |

## ▼ OFFICE in HOME ▼

**Office must be focal point of business.**

Date Acquired Home \_\_\_\_\_

Total Cost \_\_\_\_\_

Cost of Land \_\_\_\_\_

Cost of Improvements \_\_\_\_\_

Sq. Footage of Home \_\_\_\_\_

Sq. Footage of Office Area \_\_\_\_\_

Rent Paid (if you rent) \_\_\_\_\_

Interest \_\_\_\_\_

Taxes \_\_\_\_\_

Utilities/Garbage \_\_\_\_\_

Insurance \_\_\_\_\_

Repairs/Maintenance \_\_\_\_\_

Hours Used per Week \_\_\_\_\_

Hours Worked per Week \_\_\_\_\_

## LAW ENFORCEMENT / SECURITY EXPENSES (continued)

|  |                  |                  |                  |                  |            |                  |            |                  |            |                  |            |                  |            |                  |            |                  |  |
|--|------------------|------------------|------------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|------------|------------------|--|
| <p><b>ADVERTISING/PROMOTION:</b> Ads, business cards, greeting cards, sales aids, catalogs, etc.</p> <p><b>*COMMISSIONS &amp; FEES PAID:</b> Contract labor</p> <p><b>EMPLOYEE BENEFITS:</b> Health insurance, company party, mileage reimbursements, etc.</p> <p><b>INSURANCE:</b> Worker's comp., business liability (do not include auto/truck/health)</p> <p><b>INTEREST (Mortgage):</b> Paid to financial institution<br/>Paid to individual</p> <p><b>OTHER INTEREST:</b> (do not include auto or truck)<br/>List life insurance loans separately<br/>Business-only credit card</p> <p><b>*LEGAL &amp; PROFESSIONAL:</b> Attorney fees for business, accounting fees, bonds, permits, etc.</p> <p><b>OFFICE EXPENSE:</b> Postage, stationery, office supplies, computer supplies, notebooks, pens, etc.</p> <p><b>*RENT/LEASE:</b> Machinery &amp; equipment<br/>Other business property</p> <p><b>*REPAIRS &amp; MAINTENANCE:</b> Building, equipment, etc. (do not include auto or truck)</p> <p><b>SUPPLIES:</b> Ammunition, ammo pouch, baton, whistle<br/>Safety equip, bulletproof vest, masks, ear &amp; eye protection, gloves, helmet, first aid kit<br/>Flashlight, bulbs, batteries, flares<br/>Breathalyzer supplies, cleaning supplies<br/>Film, memory cards, tapes, maps<br/>Handcuffs, restraints, baton, mace<br/>Badges, name tags, emblems, insignia</p> <p><b>TAXES:</b> Personal property<br/>Licenses (not auto/truck)<br/>Real estate of business building &amp; land<br/>Sales tax (if included in gross sales)<br/>Payroll (your share of SS/Med/Unemploy.)</p> <p><b>TRAVEL</b> (number of nights away):</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none;">City _____</td> <td style="border: none;">Nights Out _____</td> <td style="border: none;">City _____</td> <td style="border: none;">Nights Out _____</td> </tr> <tr> <td style="border: none;">City _____</td> <td style="border: none;">Nights Out _____</td> <td style="border: none;">City _____</td> <td style="border: none;">Nights Out _____</td> </tr> <tr> <td style="border: none;">City _____</td> <td style="border: none;">Nights Out _____</td> <td style="border: none;">City _____</td> <td style="border: none;">Nights Out _____</td> </tr> <tr> <td style="border: none;">City _____</td> <td style="border: none;">Nights Out _____</td> <td style="border: none;">City _____</td> <td style="border: none;">Nights Out _____</td> </tr> </table> | City _____       | Nights Out _____ | City _____       | Nights Out _____ | City _____ | Nights Out _____ | City _____ | Nights Out _____ | City _____ | Nights Out _____ | City _____ | Nights Out _____ | City _____ | Nights Out _____ | City _____ | Nights Out _____ | <p><b>EXPENSES</b> (away from home overnight):</p> <p>Lodging</p> <p>Meals &amp; tips (keep separate from other costs)</p> <p>Convention fees</p> <p>Cruise ship convention/seminar</p> <p>Airplane or train fares</p> <p>Auto rental, taxis or bus fares</p> <p>Other (incidentals, laundry, etc.)</p> <p><b>MEALS &amp; ENTERTAINMENT:</b></p> <p>Business meals</p> <p>Gifts (limited to \$25 per individual or couple)</p> <p>Tickets</p> <p>Tickets to qualified charitable events</p> <p><b>UTILITIES &amp; TELEPHONE</b> (business building):</p> <p>Electricity (business)</p> <p>Natural gas/heating fuel (business)</p> <p>Garbage, water, sewer (business)</p> <p>Telephone (bus. line, second line, other options)</p> <p>Business long distance (from home telephone)</p> <p>Cell phone (business portion of use only)</p> <p><b>WAGES:</b> Bring your copy of W-2s/941s if they have been filed</p> <p>Wages to spouse (subject to SS/Med tax)</p> <p>Wages to children under 18 (not subject to SS/Medicare tax)</p> <p>Other</p> <p><b>OTHER EXPENSES</b> (not listed elsewhere):</p> <p>Bank charges, credit card machine</p> <p>Canine expense: food, shelter, vet, training</p> <p>Dues: union, range, assoc., professional</p> <p>Film processing, video duplications</p> <p>Fingerprinting &amp; other booking costs</p> <p>Fuel for equipment (not truck/auto)</p> <p>Investigation expense</p> <p>Laundry &amp; cleaning</p> <p>Publications, manuals, education, seminars</p> <p>Trade show fees</p> <p>Uniforms, boots/shoes, rain gear</p> |
| City _____   | Nights Out _____ | City _____       | Nights Out _____ |                  |            |                  |            |                  |            |                  |            |                  |            |                  |            |                  |  |
| City _____   | Nights Out _____ | City _____       | Nights Out _____ |                  |            |                  |            |                  |            |                  |            |                  |            |                  |            |                  |  |
| City _____   | Nights Out _____ | City _____       | Nights Out _____ |                  |            |                  |            |                  |            |                  |            |                  |            |                  |            |                  |  |
| City _____   | Nights Out _____ | City _____       | Nights Out _____ |                  |            |                  |            |                  |            |                  |            |                  |            |                  |            |                  |  |

## EQUIPMENT PURCHASED

Guns/weapons, camera, video camera, pager, cell phone, walkie talkie, binoculars, tape recorder, breathalyzer, vehicle, fax machine, answering machine, computer, printer, storage cabinets, furniture

| Item Purchased | Date | Bus Use % | Cost (including sales tax) | Item Traded | Additional cash pd | Traded w/related prop. | Other Info. |
|----------------|------|-----------|----------------------------|-------------|--------------------|------------------------|-------------|
|                |      |           |                            |             |                    |                        |             |
|                |      |           |                            |             |                    |                        |             |
|                |      |           |                            |             |                    |                        |             |
|                |      |           |                            |             |                    |                        |             |
|                |      |           |                            |             |                    |                        |             |
|                |      |           |                            |             |                    |                        |             |
|                |      |           |                            |             |                    |                        |             |
|                |      |           |                            |             |                    |                        |             |

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

Due date of return is January 31. Nonfiling penalty can be \$150 per recipient. If recipient does not furnish you with his/her Social Security number, you are required to withhold tax on the payment(s).

| Name | Address | Social Security # | Amount Paid | Purpose of Payment |
|------|---------|-------------------|-------------|--------------------|
|      |         |                   |             |                    |
|      |         |                   |             |                    |
|      |         |                   |             |                    |
|      |         |                   |             |                    |
|      |         |                   |             |                    |