| NAME | | | | | | | Federal ID # | | | | |
|--|----------------|---------------------------------------|-----------|--|------------------|----------|-----------------------------|---------------|--|--|--|
| NAME OF BUSINESS | | | | | | | | | | | |
| ADDRESS OF BUSINESS | | | | | | | | | | | |
| How many months was this b | | | 12 Mor | nths | ☐ <i>OR</i> From | To | | | | | |
| low many hours during the | 0 , | - | | | | | | | | | |
| s any portion of your investm | • | • | • | | | | YES NO [| | | | |
| - a, por , ca | | | | ., c. c. | , , | | | | | | |
| | | ▼ B | USINESS | S INC | COME ▼ | | | | | | |
| GROSS SALES | | OTHER INCOME: ROOM / SPACE RENTAL | | | | | | | | | |
| SALES TAX COLLECTED (IF NOT INCLUDED IN SALES | | | | | SPECIAL EVENTS | | | | | | |
| RETURNS / REFUNDS / R | | | | | | | | | | | |
| GIFT CERTIFICATES SOL | | | | | _ | | | | | | |
| | | | | | | | | | | | |
| ▼ Solos of E | nuinman | t Maabii | nory Lon | d B | uildinac | L | ld for Business | lico ▼ | | | |
| ▼ Sales of Equipment Kind of Property Date Ad | | Acquired | Date Sold | • | Gross Sales Pr | | Expenses of Sale | Original Cost | | | |
| | | | 24.0 00.4 | | G. 600 Ga. 60 | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| PURCHASE OF PRODUCTS & SUPPLIES FOR RESALE CONSIGNMENT SALES (Amount paid to consignees | | | | FREIGHT-IN materials, if not included in purchases OTHER COSTS | | | | | | | |
| for products sold.) | | | | END OF YEAR INVENTORY | | | | | | | |
| PERSONAL USE (Actual cost of items in purchases used by you or your family) | | | | How did you arrive at inventory value? Actual Cost Other (explain) | | | | | | | |
| COST OF LABOR | | Adda oot Gorpan) | | | | | | | | | |
| ▼ CAR and TRU | JCK EXP | ENSES ' | | CLE 1 | VEHICLE 2 | | ✓ BUSINESS MILES (exa | umples) | | | |
| Year and Make of Vehicle | | | | Bank trips | | | | | | | |
| Date Purchased (month, date and year)◊ | | | | | | _ | Business meetings | | | | |
| Ending Odometer Reading (December 31) | | | | | | _ | Out-of-town trips | | | | |
| Beginning Odometer Reading (January 1) | | | | Purchasing materials/supplie | | | | s/supplies | | | |
| Total Miles Driven (End Odo – Begin Odo) | | | | | | | Deliveries | | | | |
| Total Business Miles (do you ha | ave another ve | hicle?) | | | | | | | | | |
| Total Commuting Miles | | | | | | | | | | | |
| Parking Fees and Tolls | | | | | | - | | | | | |
| License Plates | | | | | | | | | | | |
| Interest Continue only if you take natural | | una natural : : | | | | <u></u> | to not count miles as ment | na to a | | | |
| Continue only if you take actual | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc. | | | | | | | egular place of business as | มนอแเยรร | | | |
| Lease Costs | | | | | | n | IIICO. | | | | |
| | | | | | | | | | | | |

RETAIL SALES INCOME & EXPENSE WORKSHEET

YEAR _____

RETAIL SALES EXPENSES (continued)

| ADVERTISING/PR | OMOTION: Ads, but | siness car | rds. | | EXPENSES | (AWAY F | ROM HOME | OVERNIGHT): | | |
|---|---|---|----------------------------|--------------|---|-----------|----------------|---------------------------------------|---------------------|--|
| web site, greeting cards, fliers, open house, etc. | | | | | Lodging | | | | | |
| *COMMISSIONS & FEES PAID: Franchise fee | | | | | Meals & tips (keep total separate from other costs) | | | | | |
| *CONTRACT LAB | | Conve | | | | | | | | |
| EMPLOYEE BENE | | Cruise | | | | | | | | |
| party, mileage rei | | Airplar | | | | | | | | |
| INSURANCE: Worker's comp, business liability (do | | | | | Auto re | | | | | |
| not include auto/t | | Other | | | | | | | | |
| INTEREST: | | MEALS & E | | | | | | | | |
| - | | Sales | | | | | | | | |
| | | _ Gifts (I | | | | | | | | |
| OTHER INTEREST | | Tickets | | | | | | | | |
| List lif | | Tickets to qualified charitable events UTILITIES & TELEPHONE: | | | | | | | | |
| | ess only credit card | | | | Electri | | | | | |
| | SSIONAL: Attorney iting fees, bonds, p | | _ | | | | | | | |
| | :: Postage, statione | | J. | | Garbage, water, sewer (business) Telephone (bus. line, second line, other options) | | | | | |
| supplies, pens, e | | ,, ooo | | | Business long distance (from home telephone) | | | | | |
| | SHARING: Employ | ees only | | | Faxes, paging svcs, cellular svcs, online svcs | | | | | |
| *RENT/LEASE: N | Machinery and equi | pment | | | (bring your copy of M. 20/041a if they have | | | | | |
| | Other business prop | perty | | | WAGES: | been file | ed) | • | | |
| *REPAIRS & MAIN | ITENANCE: Building | g, equipm | ent, | | Wages to spouse (subject to Soc.Sec. and Medicare tax) | | | | | |
| | de auto or truck), tr | ash remov | /al, | | _ | Children | under 18 (no | ot subject to Soc.Sec. | | |
| window washing | | | | | _ | | licare tax) | | | |
| | c. (not included els | | - | | OTHER EXP | Other | (not listed al | comporo): | | |
| | tools, decorations, | , music, m | ienus | | OTHER EXP | | • | , | | |
| TAXES: Perso | nal property | | | | Bags, boxes, gift wrap, labels Bank charges / credit card fees | | | | | |
| Licen | ses (not auto/truck) | | | | Check verification service | | | | | |
| Real estate of business building & land | | | | | Delivery services, shipping | | | | | |
| Sales tax (if included in gross sales) | | | | | Dues & publications | | | | | |
| Payro | | Education, research, product samples | | | | | | | | |
| TRAVEL (number | | Laundry & cleaning, linen service | | | | | | | | |
| City Nights out City Nights out | | | | | | | | | | |
| City Nights out City Nights out | | | | | | | | | | |
| City Nights out City Nights out | | | | | | | | | | |
| City Nights out City Nights out | | | | | | | | | | |
| Ony INIGINS OUT ONY INIGINS OUT | | | | | | | | | | |
| | | | EOLUDM | | DUDCH | . CED | ` | | | |
| | | | EQUIPME | | | | | | | |
| | <i>biay cabinets & st</i> Date | Business | | | | Additio | | tware, furnishings Traded with Re- | Other | |
| Item Purchased | Purchased | Use % | Cost (including sales tax) | Item Trad | | Cash | | lated Property | Information | |
| i dicilased | Turchasea | | Sales tax) | Hau | eu | Oasii | i aid | lated i Toperty | IIIIOIIIIatioii | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | BUIL | DOUT | EXPENSE / | LΕΔ | SEHOLI | о імі | PROVE | MENTS | | |
| Description | | | Purchased | | (include sale | | Other Info | | | |
| Description | | Date | - urchased | 0031 | (Include Sale | is tax) | Other in | Jimation | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| *1099s: Amount | s of \$600.00 or r | more paid | d to individuals (| not | Due date of | f return | is January | 31. Nonfiling penal | ty can be \$150 per | |
| | | | | | | | | | | |
| corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by payer. | | | | | 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 Seci | | - | • | urpose of Payment | |
| 7,001,000 | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |