

# SALES REP'S INCOME & EXPENSE WORKSHEET

YEAR \_\_\_\_\_

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

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

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

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

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 COMMISSIONS</b> Include all income for services performed. SOURCE: _____		<b>1099 – MISC.</b> Bring in ALL 1099s received. Include Non-Employee Amount in Gross Sales. Do your records agree with the amount reported? YES <input type="checkbox"/> NO <input type="checkbox"/>
SOURCE: _____		
<b>RETURNS / REFUNDS</b> Amount included in Gross Sales that was refunded to your client		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</b> Directly related to your business		

## ▼ 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

## ▼ OFFICE IN HOME ▼

Hours Used per Week		Date Acquired Home		Rent Paid (if you rent)	
Hours Worked per Week		Total Cost		Interest	
		Cost of Land		Taxes	
		Cost of Improvements		Utilities/Garbage	
		Sq. Footage of Home		Insurance	
		Sq. Footage of Office Area		Repairs/Maintenance	

## ▼ CAR and TRUCK EXPENSES ▼

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

<p>✓ <b>BUSINESS MILES (examples)</b></p> <p>— Bank trips</p> <p>— Between job locations</p> <p>— Client meetings</p> <p>— Continuing Education</p> <p>— Job-seeking</p> <p>— Out-of-town trips</p> <p>— Purchasing materials/supplies</p> <p>— Professional meetings</p> <p>If you work from your home, but do not qualify for a home office, do not include the distance between home and your first stop, or between your last stop and home. If you have a regular place of business outside your home, do not count commuting miles.</p>
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## SALES REP EXPENSES (continued)

<b>ADVERTISING/PROMOTION:</b> Ads, Yellow Pages, bus. cards, greeting cards, brochures, catalogs	
♦ <b>COMMISSIONS &amp; FEES PAID:</b> Contract Labor	
<b>INSURANCE:</b> Business liability (do not include auto/truck/health)	
<b>INTEREST:</b> Equipment loans Business only credit card	
♦ <b>LEGAL &amp; PROFESSIONAL:</b> Attorney fees for business, accounting/tax prep fees, bonds	
<b>OFFICE EXPENSE:</b> postage, stationery, office supplies, bank charges, pens, etc.	
<b>PENSION/PROFIT SHARING:</b> Employees only	
♦ <b>RENT/LEASE:</b> Machinery and equipment Other business property	
♦ <b>REPAIRS &amp; MAINTENANCE:</b> Equipment, etc. (do not include auto or truck)	
<b>SUPPLIES:</b> Misc. (not included elsewhere) Small tools, computer supplies	
<b>TAXES:</b> Licenses (not auto/truck)	
<b>TRAVEL</b> (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 _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____ City _____ Nights out _____	
<b>MEALS &amp; ENTERTAINMENT:</b> Sales lunches Gifts (limited to \$25 per individual or couple) Tickets Tickets to qualified charitable events	
<b>EXPENSES (AWAY FROM HOME OVERNIGHT):</b> 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.)	
<b>UTILITIES &amp; TELEPHONE:</b> Electricity (business) Natural gas/heating fuel (business) Garbage, water, sewer (business) Telephone (bus. line, second line, other options) Business long distance (from home telephone) Faxes, paging svcs, cellular svcs	
<b>WAGES:</b> (bring your copy of W-2s/941s 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	
<b>OTHER EXPENSES</b> (not listed elsewhere): Bank charges Customer lists Dues and publications (assoc./union dues, trade journals, books, tapes) Education Job search expenses (resumes, etc.) Shipping Trade show fees Printing and copying	

## EQUIPMENT PURCHASED

*Answering machines, calculators, computers, software, copy machines, fax machines, furniture, pager, telephone...*

Item Purchased	Date Purchased	Cost (including sales tax)	Item Traded	Additional Cash Paid	Traded with Related Property	Other Information

♦ 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 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 31% of the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment

Sign here \_\_\_\_\_  
 W-9s (Request for Payee's Social Security #) are available.