

# SMALL BUSINESS WORKSHEET



**Taxpayer/Business Name:** \_\_\_\_\_

Your Quickbooks file or other ledger sheets are acceptable alternatives.  
Please copy this worksheet if you need for multiple businesses.

## Income

Gross Income: \_\_\_\_\_ Other Income: (if any) \_\_\_\_\_

## Cost of Goods Sold

**Inventory – Beginning:** \_\_\_\_\_ **Ending:** \_\_\_\_\_

Purchases: \_\_\_\_\_

Items Used Personally: \_\_\_\_\_

Cost of Labor: \_\_\_\_\_

Materials & Supplies: \_\_\_\_\_

Other Costs: \_\_\_\_\_

## Expenses

Advertising & Marketing: \_\_\_\_\_

Bad Debts: \_\_\_\_\_

Bank Charges/Credit Card: \_\_\_\_\_

Fees: Commissions: \_\_\_\_\_

Computer/Internet: \_\_\_\_\_

Contract Labor: \_\_\_\_\_

Credit Card/Misc. Interest: \_\_\_\_\_

Delivery/Freight: \_\_\_\_\_

Dues/Subscriptions: \_\_\_\_\_

Education: \_\_\_\_\_

Employee Benefit Programs: \_\_\_\_\_

Insurance (non-health): \_\_\_\_\_

Interest Expense: \_\_\_\_\_

Laundry/Cleaning: \_\_\_\_\_

Legal, Acctg, Prof. Fees: \_\_\_\_\_

Licenses/Permits: \_\_\_\_\_

Meals/Entertainment: \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

Office Expenses: \_\_\_\_\_

Outside Services: \_\_\_\_\_

Parking/Tolls: \_\_\_\_\_

Postage: \_\_\_\_\_

Printing: \_\_\_\_\_

Rent – Equipment, Auto: \_\_\_\_\_

Rent – Other: \_\_\_\_\_

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

Salaries/Wages: \_\_\_\_\_

Security: \_\_\_\_\_

Supplies: \_\_\_\_\_

Taxes - Other: \_\_\_\_\_

Taxes - Payroll: \_\_\_\_\_

Telephone: \_\_\_\_\_

Tools: \_\_\_\_\_

Travel: \_\_\_\_\_

Uniforms: \_\_\_\_\_

Utilities: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Capital Purchases: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Items with useful life over 1 year, and over \$2,500 expense.)*

## Vehicle Expenses

Complete this section for tracking vehicle expenses as a Business Owner. Your supporting journal records should be written and/or have receipts.

### Vehicle Information –

Make/Model/Year: \_\_\_\_\_ Date Put in Service: \_\_\_\_\_ Total Miles: \_\_\_\_\_  
 Business Miles: (exclude any miles to & from work) \_\_\_\_\_ Other Miles: \_\_\_\_\_

### Other Expenses –

Total Gas, Oil Changes, Repairs, Battery, Tires, Wash, Etc: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Lease Payments: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

## In-Home Business Expenses

_____ Total Home Sq. Ft.	\$ _____	Rent Paid	\$ _____	Phone (if home phone)
_____ Office Area Sq. Ft.	\$ _____	Insurance	\$ _____	Garbage, Water, Sewer
_____ Storage Area Sq. Ft.	\$ _____	Heat, A/C, Electric	\$ _____	Office Repairs & Maint.