

# 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: \_\_\_\_\_

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. |