

# BUSINESS INCOME & EXPENSE WORKSHEET

Form **IE-01**

Name of business: \_\_\_\_\_

Year ending/ Period ending (circle one): \_\_\_\_\_

Batch control # \_\_\_\_\_

Entity type & method: (circle one)  
 ( Sole Proprietorship, Partnership, Corporation, Religious, Not-for-Profit )  
 Cash basis? Yes / No

## Revenue:

Gross receipts or sales \$ \_\_\_\_\_  
 - Sales return or allowances \$ \_\_\_\_\_

**(1) = Total Revenue** \$ \_\_\_\_\_

## Cost of Inventory Sold:

Inventory at beginning of the (year / period) \$ \_\_\_\_\_  
 + Cost of merchandise Purchased \$ \_\_\_\_\_  
 =Total Inventory available for sale (d+e) \$ \_\_\_\_\_  
 - Ending Inventory for (year / period) \$ \_\_\_\_\_

**(2) = Cost of Inventory Sold** \$ \_\_\_\_\_

## Labor, Materials & Contractors:

Cost of labor \$ \_\_\_\_\_  
 + Materials and supplies (not inventory) \$ \_\_\_\_\_  
 + Contractors \$ \_\_\_\_\_  
 + Other direct \$ \_\_\_\_\_

**(3) = Total Labor, Materials & Contractors** \$ \_\_\_\_\_

**(4) Cost of Sales (line 2 + line 3)** \$ \_\_\_\_\_

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## Selling, General & Admin. Expenses

Advertising \$ \_\_\_\_\_  
 + Bank Charge \$ \_\_\_\_\_  
 + Car and Truck (not tolls, not parking, not Insurance) \$ \_\_\_\_\_  
 + Commissions \$ \_\_\_\_\_  
 + Dues and Subscriptions \$ \_\_\_\_\_  
 + Employee Benefit Programs \$ \_\_\_\_\_  
 + Insurance (not health) - Business Liab. \$ \_\_\_\_\_  
 + Insurance - Automobile \$ \_\_\_\_\_  
 + Insurance - Health \$ \_\_\_\_\_  
 + Interest (not home-office mortgage) \$ \_\_\_\_\_  
 + Legal and Accounting \$ \_\_\_\_\_  
 + Meals and Entertainment \$ \_\_\_\_\_  
 + Office, & Office Supplies \$ \_\_\_\_\_  
 + Rent or lease: Machinery/Equipment \$ \_\_\_\_\_  
 + Rent or lease: Building \$ \_\_\_\_\_  
 + Repairs and Mtnce. (not car or truck., not home) \$ \_\_\_\_\_  
 + Taxes and Licenses \$ \_\_\_\_\_  
 + Telephone (not home-office telephone) \$ \_\_\_\_\_  
 + Tolls and Parking \$ \_\_\_\_\_  
 + Trade Shows, and Promotional \$ \_\_\_\_\_  
 + Travel (overnight - lodging, and transportation) \$ \_\_\_\_\_  
 + Utilities: (not home-office utilities) \$ \_\_\_\_\_  
 + Wages & Salaries \$ \_\_\_\_\_  
 + \_\_\_\_\_ \$ \_\_\_\_\_  
 + \_\_\_\_\_ \$ \_\_\_\_\_  
 + \_\_\_\_\_ \$ \_\_\_\_\_  
 + \_\_\_\_\_ \$ \_\_\_\_\_

Business use of automobile	Vehicle #1	Vehicle #2
Total miles		
Business miles		
Commuter miles		
Personal miles		
Percentage used for business	%	%
Gas, Repairs & Mtnce.	\$	\$
Automobile Insurance	\$	\$
Tolls & Parking Expense	\$	\$
Do you have written evidence to support your business use claim? <span style="float: right;">Y / N</span>		

Home Office Expense	Total allocation percentage	%	notes, or specific allocation
Sq. ft. of office space in home			
Total sq. ft. of home			
Homeowners Insurance	\$		
Internet Service Provider	\$		
Business Long Dist. Telephone	\$		
Mortgage Interest or Rent	\$		
Utilities: Oil, Sewer, Electric	\$		
Repairs and Maintenance	\$		
Real Estate Tax	\$		
Other: _____	\$		
Other: _____	\$		
Other: _____	\$		
<b>Adjusted Basis of Home</b>	\$		
<b>Home Improvements this Yr</b>	\$		
Date first started using home for business	/ /		

**(5) = Total Selling, Gen. & Admin. Expenses** \$ \_\_\_\_\_

**(6) Profit before depreciation, home office, & taxes = (line 1 - line 4 - line 5)** \$ \_\_\_\_\_

Fixed Assets: Equipment, Furniture, Automobile - Purchases:	Date purchased	Cost	Did you trade in or retire any fixed assets Y / N	Was this financed? If yes, amount financed
Description	/ /	\$		\$
	/ /	\$		\$
	/ /	\$		\$

X \_\_\_\_\_  
 Presented by: Authorized signature and name Date