

MESSAGE/BODY WORK INCOME & EXPENSE WORKSHEET

YEAR _____

NAME _____ Federal ID # _____

NAME OF PRACTICE _____

ADDRESS OF YOUR PRACTICE _____

How many months was this practice 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 practice? FULL TIME OR # of hours _____

Is any portion of your investment in this practice *not* subject to payback by you? YES NO

▼ BUSINESS INCOME ▼

| | | |
|----------------------------------|--|--|
| INCOME FROM SERVICES | Include all income for services provided | 1099 – MISC. 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"/> Did you receive \$10,000.00 in actual cash from any individual at any one time—or in accumulated amounts—during this tax year? |
| INCOME FROM PRODUCT SALES | | |
| RETURNS/REFUNDS | Amount included in Gross Sales that was refunded | |
| OTHER INCOME | Directly related to your practice | |

▼ Sales of Equipment, Land, Buildings Held for Business Use ▼

| Kind of Property | Date Acquired | Date Sold | Gross Sales Price | Expenses of Sale | Original Cost |
|------------------|---------------|-----------|-------------------|------------------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

▼ BUSINESS EXPENSES (cost of goods sold) ▼

| | | | |
|--|--|--|---|
| TOTAL COST OF PRODUCT & SUPPLIES FOR RESALE | | FREIGHT-IN | Shipping cost to receive product or materials, if not included in purchases |
| | | INVENTORY AT END OF YEAR | |
| PERSONAL USE: Actual cost of above items used by you and your family | | How did you arrive at inventory value? Your Actual Cost <input type="checkbox"/> Lower of Cost or Market Value <input type="checkbox"/> | |

▼ CAR and TRUCK EXPENSES ▼

(for calling on customers, making deliveries, picking up goods, attending meetings)

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

▼ OFFICE in HOME ▼

| |
|----------------------------|
| Date Acquired Home |
| Total Cost |
| Cost Of Land |
| Cost Of Improvements |
| Sq. Footage Of Home |
| Sq. Footage Of Office Area |
| Rent Paid (If You Rent) |
| Interest |
| Taxes |
| Utilities/Garbage |
| Insurance |
| Repairs/Maintenance |
| Hours Used Per Week |
| Hours Worked Per Week |