

EDUCATOR'S INCOME & EXPENSE WORKSHEET

YEAR _____

NAME _____ Federal ID # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

SERVICE PERFORMED _____

How many months was this business in operation during the year? 12 Months OR From _____ Through _____

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 ▼

GROSS SALES/RECEIPTS	Amount	W2 ✓	1099 ✓	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"/> W-2: Bring all W2s received.
Source:				
Source:				
Source:				

▼ 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

▼ BUSINESS EXPENSES (cost of goods sold) ▼

PURCHASE OF PRODUCT & SUPPLIES FOR RESALE		FREIGHT-IN	Shipping cost to receive product or materials, if not incl. in purchases
		OTHER COSTS	
PERSONAL USE (actual use of items in purchases used by you or your family)		INVENTORY AT END OF YEAR	
		How did you arrive at inventory value?	
◇ COST OF LABOR TO CONSTRUCT PRODUCTS		Actual Cost	<input type="checkbox"/> Other (explain)

▼ CAR and TRUCK EXPENSES ▼

	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 only if you take actual expense (must use actual expense 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	_____

EDUCATOR'S EXPENSES (continued)

<p>ADVERTISING/PROMOTION: Ads, business cards, holiday cards, etc.</p> <p>◇ COMMISSIONS & FEES PAID: Contract labor, referral fees, homework graders, etc.</p> <p>EMPLOYEE BENEFITS: Health Insurance, company party, mileage reimbursements, etc.</p> <p>INSURANCE: Worker's comp, business liability, errors/omissions coaching insurance</p> <p>INTEREST: Mortgage on bus. property Paid to financial institution Paid to individual</p> <p>OTHER INTEREST: (do not include auto or truck) List life insurance loans separately Business only credit card</p> <p>◇ LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, typing</p> <p>OFFICE EXPENSE: Postage, stationery, office supplies, attendance books, pens, etc.</p> <p>PENSION/PROFIT SHARING: Employees only</p> <p>◇ REPAIRS & MAINTENANCE: Building, equipment (not auto/truck), etc.</p> <p>SUPPLIES: Computer supplies Films/slides, a/v materials Classroom aids/decorations</p> <p>TAXES: Personal property Licenses (not auto/truck), renewals Real estate of business building & land Sales tax (if included in gross sales) Payroll</p> <p>TRAVEL (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 _____ City _____ Nights out _____ City _____ Nights out _____</p>	<p>EXPENSES (away from home overnight): Lodging Meals & tips (keep total separate from other costs) Other (incidentals, laundry, etc.) Convention fees Airplane or train fares Auto rental, taxis or bus fares</p> <p>MEALS & ENTERTAINMENT: Business meals Gifts (limited to \$25 per individual or couple) Tickets Tickets to qualified charitable events</p> <p>UTILITIES & TELEPHONE: 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, pay phone</p> <p>WAGES: (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</p> <p>OTHER EXPENSES (not listed elsewhere): Admission, classroom-related activities Awards and prizes Bank charges Courier services Dues and memberships Education, meetings, coaching Job-seeking expenses Library/professional books Printing and copying Research costs Resumes and transcripts Publications for class Writing/publ. costs (not listed elsewhere)</p>
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BUSINESS EQUIPMENT PURCHASED & LEASEHOLD IMPROVEMENTS

Calculator, cameras, furnishings, audio visual equipment, tape recorders, software, etc...

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.