

# FOOD ESTABLISHMENT INCOME & EXPENSE WORKSHEET

YEAR \_\_\_\_\_

NAME \_\_\_\_\_ Federal ID # \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

How many months was this business 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 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 OF FOOD, LIQUOR, ...		OTHER INCOME: ROOM / SPACE RENTAL	
SALES TAX COLLECTED		ADMISSION CHARGES	
RETURNS / REFUNDS / REBATES		CATERING, BANQUETS	
TIPS			
GIFT CERTIFICATES SOLD			

## ▼ 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 PRODUCTS & SUPPLIES FOR RESALE	Food, paper products, etc.		FREIGHT-IN	Shipping cost to receive product or materials, if not included in purchases	
PERSONAL USE (Actual cost of items in purchases used by you or your family)			OTHER COSTS		
COST OF LABOR			END OF YEAR		
			How did you arrive at inventory value? Actual Cost <input type="checkbox"/> Other (explain)		

## ▼ CAR and TRUCK EXPENSES ▼

	VEHICLE 1	VEHICLE 2	
Year and Make of Vehicle			<input checked="" type="checkbox"/> BUSINESS MILES (examples) ___ Bank trips ___ Business meetings ___ Out-of-town trips ___ Purchasing materials/supplies _____ _____ _____ _____ _____ Do not count miles commuting to a regular place of business as business miles. _____ _____
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			

## FOOD ESTABLISHMENT EXPENSES (continued)

<p><b>ADVERTISING/PROMOTION:</b> Ads, business cards, greeting cards, etc.</p> <p><b>*COMMISSIONS &amp; FEES PAID:</b> Contract labor, franchise fee</p> <p><b>EMPLOYEE BENEFITS:</b> Health insurance, company party, mileage reimbursements, etc.</p> <p><b>INSURANCE:</b> Worker's comp, business liability (do not include auto/truck/health)</p> <p><b>INTEREST:</b>     <b>Mortgage</b> (on business bldg.):                              Paid to financial institution                              Paid to individual</p> <p><b>OTHER INTEREST:</b>                              (do not include auto or truck)                              List life insurance loans separately                              Business only credit card</p> <p><b>*LEGAL &amp; PROFESSIONAL:</b> Attorney fees for business, accounting fees, bonds, permits, etc.</p> <p><b>OFFICE EXPENSE:</b> Postage, stationery, office supplies, bank charges, pens, etc.</p> <p><b>PENSION/PROFIT SHARING:</b> Employees only</p> <p><b>*RENT/LEASE:</b> Machinery and equipment                              Other business property</p> <p><b>*REPAIRS &amp; MAINTENANCE:</b> Building, equipment, etc. (do not include auto or truck)</p> <p><b>SUPPLIES:</b> Misc. (not included elsewhere)                              Sm.tools, decorations, music, menus</p> <p><b>TAXES:</b> Personal property                              Licenses (not auto/truck)                              Real estate of business building &amp; land                              Sales tax (if included in gross sales)                              Payroll (your share Soc.Sec./Medicare)</p> <p><b>TRAVEL</b> (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 ___</p>	<p><b>EXPENSES</b> (AWAY FROM HOME OVERNIGHT):</p> <p>Lodging</p> <p>Meals &amp; tips (keep total separate from other costs)</p> <p>Convention fees</p> <p>Cruise ship convention/seminar</p> <p>Airplane or train fares</p> <p>Auto rental, taxis or bus fares</p> <p>Other (incidentals, laundry, etc.)</p> <p><b>MEALS &amp; ENTERTAINMENT:</b></p> <p>Sales lunches</p> <p>Gifts (limited to \$25 per individual or couple)</p> <p>Tickets</p> <p>Tickets to qualified charitable events</p> <p><b>UTILITIES &amp; TELEPHONE:</b></p> <p>Electricity (business)</p> <p>Natural gas/heating fuel (business)</p> <p>Garbage, water, sewer (business)</p> <p>Telephone (bus. line, second line, other options)</p> <p>Business long distance (from home telephone)</p> <p>Faxes, paging svcs, cellular svcs</p> <p><b>WAGES:</b> (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><b>OTHER EXPENSES</b> (not listed elsewhere):</p> <p>Bank charges / credit card fees</p> <p>Delivery services, shipping</p> <p>Dues &amp; publications</p> <p>Education</p> <p>Fuel for equipment (not auto/truck)</p> <p>Laundry &amp; cleaning, linen service</p> <p>Printing &amp; copying</p> <p>Smallware</p> <p>Web site</p>
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### EQUIPMENT PURCHASED

*Kitchen equipment, office equipment, dining & bar equipment, furnishings, etc...*

Item Purchased	Date Purchased	Business Use %	Cost (including sales tax)	Item Traded	Additional Cash Paid	Traded with Related Property	Other Information

### BUILDOUT EXPENSE / LEASEHOLD IMPROVEMENTS

Description	Date Purchased	Cost (include sales tax)	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 tax on the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment