

Worksheet for : Partnership, LLC, Corporation

Business Name: _____ **New Business** **Yes**
Principal Business Activity: _____ Quickbooks file
Business Address: _____
Federal ID # _____ **Business Start Date** _____
Entity Type: Ptrship LLC S-Corp C-Corp **Accounting Method** Cash Accrual

OWNERSHIP:

Name	Address	SS#	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

INCOME:

Gross Receipts/Sales \$ _____
 Returns/Refunds/Discounts _____
Cost of Goods Sold (COGS)
 Method Cash Lower of Cost/Market Other _____
 Beginning Inventory \$ _____
 Purchases + _____
 Cost of Labor + _____
 Materials/Supplies + _____
 Other Costs + _____
 Subtotal = _____
 Ending Inventory - _____
 COGS = _____
 Cost of Goods Sold - _____ ←
 Gross Profit (subtotal) = _____
 Other Income:
 Interest Income + _____
 Dividend Income _____
 Misc _____
Adj Gross Income = \$ _____

EXPENSES:

Officer Compensation (Corp) _____	Depreciation _____
Guaranteed Payments (LLC) _____	Depletion _____
Salaries & Wages _____	Employee Benefits: _____
Repairs & Maintenance _____	Retirement Plans _____
Rent _____	Health Insurance _____
Tax & License: _____	Other _____
Business License _____	Total Other Deductions (Pg 2) _____
Payroll Taxes _____	
Property Taxes _____	
Interest _____	NET INCOME/(LOSS) _____

OTHER DEDUCTIONS:

Accounting	_____	Postage	_____
Advertising	_____	Printing	_____
Amortization	_____	Security	_____
Auto/Truck Expenses	_____	Supplies	_____
Bank Charges	_____	Telephone	_____
Cleaning	_____	Tools	_____
Commissions	_____	Training/Continuing Ed	_____
Computer Service/Supplies	_____	Travel	_____
Credit/Collection Costs	_____	Uniforms	_____
Delivery/Freight	_____	Utilities	_____
Discounts	_____	Other:	
Dues/Subscriptions	_____	Dump Fees	_____
Equipment Rent	_____	Internet	_____
Gifts	_____	Lawn Care	_____
Insurance	_____	Merchant Fees	_____
Janitorial	_____	Unemployment	_____
Laundry/Cleaning	_____	Workers Comp	_____
Legal/Professional Fees	_____		_____
Meals @ 50%	_____		_____
Meals @ 80%	_____		_____
Meals @ 100%	_____		_____
Miscellaneous	_____		_____
Office Expense	_____		_____
Outside Services	_____		_____
Parking/Tolls	_____		_____
Permits/Fees	_____		_____
		TOTAL OTHER DEDUCTIONS	_____

Vehicle Information

#1	Desc. _____	Date in svc _____	Beg. Odometer _____
	Business miles _____		End Odometer _____
	Total miles _____		
	Gas/Oil/Repairs/Insurance \$ _____		
	License/Registration _____		
	Lease/Rental Payments _____		
	Deprecation/Sec. 179 basis _____		
#2	Desc. _____	Date in svc _____	Beg Odometer _____
	Business miles _____		End Odometer _____
	Total miles _____		
	Gas/Oil/Repairs/Insurance \$ _____		
	License/Registration _____		
	Lease/Rental Payments _____		
	Deprecation/Sec. 179 basis _____		

DEPRECIATION OF NEW EQUIPMENT

Asset _____	Date in Svc _____	Basis \$ _____	Sec 179
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

ENDING BANK BALANCE \$ _____ **ACCT/RCVB \$** _____

ACCT/PAY \$ _____