

CONSTRUCTION WORKER INCOME & EXPENSE WORKSHEET

YEAR _____

NAME _____ Federal ID # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

BUSINESS ACTIVITY (Check all that apply): sales ☐ manufacturing ☐ service ☐

PRODUCT SOLD OR SERVICE PERFORMED _____

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/RECEIPTS	Include all 1099 income for services performed		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?
SALES TAX COLLECTED	If not included in above		
RETURNS / REFUNDS	Amount included in Gross Sales that was refunded to your client		
OTHER INCOME	Directly related to your business		

▼ 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 FOR RESALE		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		INVENTORY AT END OF YEAR	
PURCHASE OF MATERIAL FOR JOBS	(construction or installation type)	How did you arrive at inventory value? Actual Cost <input type="checkbox"/> Other (explain) _____	

▼ CAR and TRUCK EXPENSES ▼**▼ OFFICE in HOME ▼**

	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		
Continue below if you take actual expense (must use actual expenses if you lease)		
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.		
Lease Costs		

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)
Mortgage Interest
Real Estate Taxes
Utilities/Garbage
Insurance
Repairs/Maintenance
Hours Used Per Week
Hours Worked Per Week

CONSTRUCTION WORKER EXPENSES (continued)

ADVERTISING/PROMOTION: Ads, business cards, greeting cards, sales aids, catalogs, etc.		EXPENSES (AWAY FROM HOME OVERNIGHT):	
*COMMISSIONS & FEES PAID: Contract labor.		Lodging	
EMPLOYEE BENEFITS: Health insurance, company party, mileage reimbursements, etc.		Meals & tips (keep total separate from other costs)	
INSURANCE: Worker's Comp, business liability (do not include auto/truck/health)		Convention fees	
INTEREST: Paid to financial institution		Cruise ship convention/seminar	
(Mortgage) Paid to individual		Airplane or train fares	
OTHER INTEREST: (do not include auto or truck)		Auto rental, taxis or bus fares	
List life insurance loans separately		Other (incidentals, laundry, etc.)	
Business-only credit card		MEALS & ENTERTAINMENT:	
*LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, etc.		Business meals	
OFFICE EXPENSE: Postage, stationery, office supplies, computer supplies, pens, etc.		Gifts (limited to \$25 per individual or couple)	
PENSION/PROFIT SHARING: Employees only		Tickets	
*RENT/LEASE: Machinery and equipment		Tickets to qualified charitable events	
Other business property		UTILITIES & TELEPHONE (business building):	
*REPAIRS & MAINTENANCE: Building, equipment, etc. (do not include auto or truck)		Electricity (business)	
SUPPLIES: Cleaning supplies, mops, tarps, etc.		Natural gas/heating fuel (business)	
Propane tanks, solvents, misc.		Garbage, water, sewer (business)	
Safety equip. 1st aid kit, lights, etc.		Telephone (bus. line, second line, other options)	
Small tools, brushes, saw blades.		Business long distance (from home telephone)	
TAXES: Personal property		WAGES: (bring your copy of W-2s/941s if they have been filed)	
Licenses (not auto/truck)		Wages to spouse (subject to Soc.Sec. and Medicare tax)	
Real estate of business building & land		Wages to children under 18 (not subject to Soc.Sec. and Medicare tax)	
Sales tax (if included in gross sales)		Other	
Payroll (your share Soc.Sec./Medicare)		OTHER EXPENSES (not listed elsewhere):	
TRAVEL (number of nights away):		Bank charges, credit card machine	
City _____ Nights out _____	City _____ Nights out _____	Dues & publications	
City _____ Nights out _____	City _____ Nights out _____	Education, manuals	
City _____ Nights out _____	City _____ Nights out _____	Fuel for equipment (not truck/auto)	
City _____ Nights out _____	City _____ Nights out _____	Laundry & cleaning	
		Printing & copying	
		Shipping, courier services	
		Trade show fees	
		Uniforms, boots/shoes, aprons	

EQUIPMENT PURCHASED

(Power tools, compressors, generators, ladders, lights, space heaters, fans, vacuum cleaners, tool bags/boxes, storage cabinets, furniture)

Item Purchased	Date Purchased	Business Use %	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 tax on the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment

Sign here _____