

# CONSULTANT'S INCOME & EXPENSE WORKSHEET

YEAR \_\_\_\_\_

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

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

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

TYPE OF CONSULTING 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 ▼

<b>GROSS RECEIPTS FOR SERVICES:</b>  Reported on 1099: _____  Not reported on 1099: _____		<b>1099 – MISC.</b> 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?
<b>OTHER INCOME: Honorariums, speaker's fee's, referral fees, barter, etc.</b>		

## ▼ 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

## ▼ 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 ▼

<b>Office must be focal point of business.</b>	
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	_____

## CONSULTANT BUSINESS EXPENSES (continued)

**ADVERTISING/PROMOTION:** Ads, business cards, greeting cards, flyers, promo items, etc.

♦ **COMMISSIONS & FEES PAID:** Contract Labor, Management Fees, Referral Fees, etc.

**EMPLOYEE BENEFITS:** Health Insurance, Christmas party, mileage reimbursements, etc.

**INSURANCE:** Worker's Comp, Business Liability Malpractice, (do not include auto/truck, health)

**INTEREST:**  
**Mortgage**  
 Paid to financial institution  
 Paid to individual

**OTHER INTEREST:**  
 (do not include auto or truck)  
 List life insurance loans separately  
 Business only credit card

♦ **LEGAL & PROFESSIONAL:** Attorney fees for business, accounting fees, clerical/secretarial services, bonds, permits, etc.

**OFFICE EXPENSE:** postage, stationery, office supplies, pens, faxes, etc.

**PENSION/PROFIT SHARING:** Employees only

♦ **RENT/LEASE:** Machinery and equipment  
 Other bus. property, storage fees

♦ **REPAIRS & MAINTENANCE:** Building, maintenance agreements, equipment (not auto/truck)

**SUPPLIES:** Batteries, film, A/V tapes  
 Small tools

**TAXES:** Personal Property  
 Licenses (not auto/truck)  
 Real estate of business building & land  
 Payroll

**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 _____

**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

**MEALS & ENTERTAINMENT:**

Business meals  
 Gifts (limited to \$25 per individual or couple)  
 Tickets  
 Tickets to qualified charitable events

**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

**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

**OTHER EXPENSES** (not listed elsewhere):

Bank charges & credit card fees  
 Business-related books  
 Dues & publications  
 Education & seminars  
 Laundry & cleaning  
 Online services  
 Printing & copying  
 Show fees  
 Shipping & courier services

## BUSINESS EQUIPMENT PURCHASED & LEASEHOLD IMPROVEMENTS

*Calculator, camera, computer, software, fax, copier, furnishings, briefcase, 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.