MECHANIC / AUTO BODY INCOME & EXPENSE WORKSHEET 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? 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 ▼** Include all 1099 income **GROSS SALES/RECEIPTS** Bring in ALL 1099s received, Include 1099 - MISC. for services performed Non-Employee Amount in Gross Sales. If not included in above SALES TAX COLLECTED Do your records agree YES 🛄 with the amount reported? NO 🗆 Amount included in Gross Sales RETURNS / REFUNDS that was refunded to your client Did you receive \$10,000.00 in actual cash from any OTHER INCOME individual at any one time - or in accumulated Directly related to your business amounts-during this tax year? ▼ 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) ▼ Shipping cost to receive product or PURCHASE OF PRODUCT FREIGHT-IN & SUPPLIES FOR RESALE materials, if not included in purchases Actual cost of items in purchases OTHER COSTS PERSONAL USE used by you or your family INVENTORY AT END OF YEAR COST OF How did you arrive at inventory value? LABOR Actual Cost Other (explain) PURCHASE OF MATERIAL FOR JOBS Tires, batteries, sheet metal, mufflers, car parts, etc. ▼ CAR and TRUCK EXPENSES ▼ **▼ OFFICE in HOME ▼ VEHICLE 1 VEHICLE 2 Date Acquired Home** Year and Make of Vehicle **Total Cost** Date Purchased (month, date and year) **Cost Of Land** Ending Odometer Reading (December 31) Cost Of Improvements Beginning Odometer Reading (January 1) Sq. Footage Of Home Total Miles Driven (End Odo - Begin Odo) Sq. Footage Of Office Area Total Business Miles (do you have another vehicle?) Rent Paid (If You Rent) **Total Commuting Miles** Interest Parking Fees and Tolls Taxes License Plates Utilities/Garbage

Interest

Lease Costs

Continue below if you take actual expense (must use actual expenses if you lease)

Gas, oll, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.

Insurance

Repairs/Maintenance

Hours Used Per Week

Hours Worked Per Week

MECHANIC / AUTO BODY EXPENSES (continued)

ADVERTISING/PROMOTION: Ads, business cards,			EXPENSES (away from home overnight):				
greeting cards, sales aids, catalogs, etc.			Lodging				
*COMMISSIONS & FEES PAID: Contract labor			Meals & tips (keep separate from other costs)				
EMPLOYEE BENEFITS: Health insurance, company			Convention fees				
party, miles	age reimbursements, etc.	1	Cruise ship convention/seminar				
INSURANCE: Worker's comp., business liability (do not			Airplane or train fares				
included at	uto/truck/health)		Auto rental, taxis or bus fares				
INTEREST (Mortgage): Paid to financial institution		Other (incidentals, laundry, etc.)				
1	Paid to individual		MEALS & ENTERTAINMENT:				
OTHER INTE	EREST: (do not include auto or truck)		Business meals				
	List life insurance loans separately		Gifts (limited to \$25 per individual or couple)				
	Business-only credit card		Tickets				
*LEGAL & P	ROFESSIONAL: Attorney fees for business,		Tickets to qualified charitable events				
	fees, bonds, permits, etc.		UTILITIES & TELEPHONE (business building):				
OFFICE EXP	ENSE: Postage, stationery, office supplies,		Electricity (business)				
computer s	upplies, pens, etc.		Natural gas/heating fuel (business)				
*RENT/LEAS	E: Machinery & equipment		Garbage, water, sewer (business)				
	Other business property		Telephone (bus. line, second line, other options)				
*REPAIRS &	MAINTENANCE: Building, equipment, etc.		Business long distance (from home telephone)				
(do not include auto or truck)			Cell phone (business portion of use only)				
SUPPLIES:	Cleaning supplies, mops, towels, tarps, etc.		WAGES: Bring your copy of W-2s/941s if they				
	Propane tanks, solvents, paint, putty, etc.		have been filed				
	Safety equip, masks, goggles, earplugs, etc.		Wages to spouse (subject to SS/Med tax)				
	Small tools, brushes, saw blades, etc.		Wages to children under 18 (not subject				
	Hoses, clamps, filters, hardware, etc.		to SS/Medicare tax)				
TAXES:	Personal property		Other				
	Licenses (not auto/truck)		OTHER EXPENSES (not listed elsewhere):				
	Real estate of business building & land		Bank charges, credit card machine				
	Sales tax (if included in gross sales)		Dues, publications, manuals, education				
	Payroll (your share of SS/Med/Unemploy.)		Fuel for equipment (not truck/auto)				
	nber of nights away):		Laundry & cleaning				
City	Nights Out City		Shipping, courier services				
	Nights Out City		Trade show fees				
	Nights Out City		Uniforms, boots/shoes, aprons				
City	Nights Out City	Nights Out	Disposal of waste, tires, batteries, etc.				
Pou			PURCHASED				

Power tools, compressors, generators, ladders, lights, space heaters, fans, vacuum cleaners, tool bags/boxes/cabinets, storage cabinets, ventilation system, hydraulic lift, rolling carts, computer, printer, testing equipment, welding equipment, furniture.

Item Purchased	Date	Bus Use %	Cost (including sales tax)	Item Traded	Additional cash pd	Traded w/related prop.	Other Info.
	_						
*		···-					
	+						
					1		

* 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 the 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 Paid	Purpose of Payment