Gagliano Associates LLC est. 1987
"Pay only what you legally owe and not a penny more"
Income Tax Preparation Specialists

Jan & Jennie Hrdlicka
12473 W 84th Circle
Arvada, CO 80005
303.423.1454
www.taxpros.tax

Business Income and Expenses Worksheet

Business or Sole Proprietor Name: _____

Business Address: _____

Tax Year: _____ EIN or Social Security#:_____

Main Business Activity (include product/service):_____

Date Business Opened (If New)?_____ Date Business Closed (if applicable)? _____

	YES/NO
1. Did you make any payments that would require you to file 1099-NEC Forms?	☐ ☐
2. If yes, did you or will you file all required 1099 forms?	☐ ☐

INCOME TOTALS:

	ANNUAL BUSINESS TOTALS
1099 Totals and Gross receipts collected (including cash and tips)……..	$.....
Tip Amount (included in above total)	$.....

EXPENSES TOTALS:

☐ Advertising/Marketing……..	$.....
☐ Mileage Traveling for Business……..	……miles
○ Total Mileage for the Year (including personal)……..…	……miles
OR Beginning Year Odometer _____miles	
End of Year Odometer _____miles	
○ Car Make and Model _____, Leased? ☐Yes/☐No	
○ Interest paid on vehicle loan $_____	
○ Ownership Taxes (a part of car registration) $_____	
**Separately list details for additional vehicles (which are used for business purposes).*	
☐ Commissions & Fees Paid……..	$.....
☐ Contract Labor……..	$.....
☐ Large Ticket Business Items (furniture, equipment, etc.) & Date purchased…….....	
○ _____ Date_____	$.....
○ _____ Date_____	$.....
○ _____ Date_____	$.....
☐ Business Insurance Policy Premium Paid (NOT Health or Car Insurance)…….	$.....
☐ Self Employed Health Insurance Premiums Paid……	$.....
☐ Interest Paid on Business Credit (interest can be for business purchases only)……	$.....
☐ Legal & Professional Fees (includes tax preparation fees paid)……..	$.....
☐ Office Operation Expenses……..	
(subscriptions, web host fees, cloud services, software, etc.)	
○ _____	$.....
○ _____	$.....
○ _____	$.....
☐ Rent or Lease (for office space NOT home office)……..	$.....
○ Vehicles, Machinery, and equipment……	$.....
○ Other property like office rent……	$.....
☐ Repairs and maintenance……	$.....
(includes business equipment repair, NOT for home office or car)	
☐ Supplies (paper, pens, etc.)……	
○ _____	$.....
○ _____	$.....
○ _____	$.....

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	ANNUAL BUSINESS TOTALS
☐ Taxes & Licenses (professional licenses, renewal fees, permits, payroll taxes etc.)….	$.....
☐ Trade Education……	$.....
☐ Travel Expenses Directly Related to Business (air, hotel, rental car etc.)……....	$.....
☐ Business Meals (purpose of meal must be for business)……....	$.....
☐ Payroll report (if applicable)……	$.....
☐ Other Expenses (Any other expense not included in above list)……....	$.....

☐ Personal Expenses Also Used for Business	ANNUAL TOTAL	% USED FOR BUSINESS	ANNUAL BUSINESS TOTAL
○ Cell Phone (remove any non-business personnel)	$.....	……...%	$.....
○ Internet (remove cable or other services from your bill)	$.....	……...%	$.....

HOME OFFICE EXPENSES: *(Must be regularly and exclusively used for independent contractor business)*
Totals for the year use items below that apply to your home office.

☐ Total Square footage of Home…… ……sq feet
☐ Total Square footage of Office…… ……sq feet

If you are using the Simplified Method, then STOP here. If you are taking actual expenses for home office deductions, then fill out the items below.	ANNUAL TOTALS
☐ Rent Paid (if renting home where home office is located)……	$.....
☐ Property or Renters Insurance Premiums Paid…….	$.....
☐ Mortgage Interest……	$.....
☐ Real Estate Property Taxes……..	$.....
☐ Repairs & Maintenance……..	$.....
☐ Capital Improvements (ie. Paint, Carpet, Remodeling etc.)…….	$.....
☐ Utilities Paid (Gas & Electric, Water, Trash……	$.....
☐ HOA……..	$.....
☐ Other Expenses (security, janitorial, etc.) ……..	$.....

☐ Include Closing Papers on home used for home office (for set up purposes)
*Whenever you refinance you need to include the closing disclosure from the refi.

***NEW CLIENTS ONLY**

☐ Provide Last Year's Tax Return. All tax returns that included depreciated items will need a Depreciation Report. You may need to get that from your previous tax person.

INVENTORY (If applicable)	ANNUAL TOTALS
☐ Inventory Value (Your Cost) At The Beginning of The Year……..	$.....
☐ Total Inventory Purchases (Your Cost)..……....	$.....
○ Items Withdrawn for Personal Use (Your Cost)……....	$.....
☐ Inventory Value (Your Cost) At the End of The Year……....	$.....

ESTIMATED PAYMENTS:
Report on Required Tax Preparation Checklist under the "Quarterly Estimated Payments" section.

QUESTIONS: