

Carpet & Floor Installation Income Worksheet

Business Code (238330)

Did you receive a 1099NEC? Circle One: YES NO

If so, what is the amount of income shown on the 1099NEC? _____

What is your occupation (be specific)? _____

Where do you conduct the business? **Circle One: HOME TRAVEL OTHER**

If OTHER, please explain: _____

How many weeks/months in business during the year? _____ Did you use invoices? _____

How many customers per week/month? _____

Who paid you? (Customer or name of another contractor) _____

Do you deposit the money from the business into a bank account? **Circle One: YES NO**

If yes, do you have bank statements or the deposit tickets? **Circle One: YES NO**

Total Income for the year? \$ _____

Do you have expenses? Circle One: YES NO

If YES, continue to page 2.

If NO, please explain: _____

Carpet & Floor Installation Expense Worksheet

ENTER AMOUNT
OR N/A

Vehicle Expense: (Standard Mileage Rate)

Business Miles Only [From Mileage Log Worksheet]

_____ total business miles x 57.5¢ per mile =

of Days away overnight: _____ x \$55.00 = _____ (Amt. to enter on Line)

Per Diem (For Meals & Incidental Expenses While Away Overnight)

Travel Expenses: (Business Travel only – actual costs)

_____ Lodging (hotel or motel costs)

_____ Car Rental

Office Supplies

Supplies required for work

Cell Phone (exclusively used for business purposes)

Safety Equipment (steel-toed boots, safety glasses, etc.)

Small Tools and Equipment

Uniforms (If Required for work)

Repairs, Maintenance of Business Equipment

Union Dues or Trade Association Fees

Subscriptions to Trade Publications

Contract Labor (amount over \$600 paid to an individual must have a 1099NEC issued)

Legal Fees and Professional Fees

Advertising Expenses

Business Insurance Premiums (other than Health Insurance)

Other Expenses: Please List specific information on the back of this page.

For Use ONLY if Standard Mileage Rate, (above) has not been used.

Actual Expenses

_____ Fuel costs
_____ Parking Fees and Tolls
_____ Insurance
_____ Oil and tires
_____ Vehicle Repairs
_____ License and Registration

Vehicle Depreciation Information

Type of Vehicle _____
Purchase Date _____
Purchase Price _____

TAXPAYER SIGNATURE

DATE

SPOUSE SIGNATURE

DATE

Taxpayer must keep all receipts and documentation for this tax return for 5 years