

General Purpose Income Worksheet

BUSINESS CODES: 812990

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) _____

Do you have a business address, other than your home? **Circle One: YES NO**

If YES, what is the address, including city and zip code? _____

How many weeks/months in business during the year? _____ weeks _____ months

Did you use bills/invoices? **Circle One: YES NO**

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**

How much do you charge? _____

How many customers per week/month? _____

Total Income from this business for the year? \$ _____

Do you have expenses? Circle One: YES NO

If YES, continue to page 2.

If NO, please explain: _____

General Purpose Expense Worksheet

ENTER AMOUNT
OR N/A

_____ **Vehicle Expense: (Standard Mileage Rate)**
Business Miles Only [From **Mileage Log Worksheet**]

_____ total business miles x 56¢ per mile = _____

_____ **Travel Expenses: (Business Travel Only – Actual Costs)**

_____ Lodging (Hotel or Motel costs)

_____ Car Rental

_____ Airfare

_____ **Advertising**

_____ **Supplies** (Required for Business)

_____ **Contract Labor** (1099NEC required to individual for amounts over \$600)

_____ **Liability/Business Insurance**

_____ **Business Loan Interest Paid**

_____ **Legal & Professional Services**

_____ **Rent or Lease of Business Space**

_____ **Rent or Lease of Equipment**

_____ **Taxes & Fees**

_____ **Repairs & Maintenance of Business Equipment**

_____ **Subscriptions to Trade Publications**

_____ **State and Local Govt. License Fees**

_____ **Other Expenses:** Please List specifics 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