

# Lawn Care Income Worksheet

BUSINESS CODE (561730)

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

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

**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 are you paid?    \_\_\_\_\_ Hourly    \_\_\_\_\_ Flat Fee Per Yard

Customer	# of Times	Amount Paid

**Total Income for the year? \$** \_\_\_\_\_

**Do you have expenses?      Circle One: YES   NO**

If **YES**, continue to page 2.

If **NO**, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Lawn Care 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 = \_\_\_\_\_

\_\_\_\_\_

**Fuel & Oil for Mowers**

\_\_\_\_\_

**Supplies**

\_\_\_\_\_

**Other Expenses:** Please List Type & Amount

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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**