

# Mechanic Income Worksheet

Business Code (811190)

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# **Mechanic 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 = \_\_\_\_\_

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

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

\_\_\_\_\_ **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** (1099NEC required to individual for amounts over \$600)

\_\_\_\_\_ **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 \_\_\_\_\_

\_\_\_ Yes \_\_\_ No

**If FORM 2106** -did the taxpayer receive from his employer reimbursement for any of the above expenses. If so list the monetary amount received \$ \_\_\_\_\_

Was the reimbursement Included in W-2 Form. \_\_\_\_\_

Was the reimbursement Not Included in W-2 Form \_\_\_\_\_

\_\_\_\_\_  
TAXPAYER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE

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