

Newspaper Carrier Income Worksheet

BUSINESS CODE (812990)

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**

What publications do you deliver? _____

What is the charge per paper? Weekday \$ _____ Saturday \$ _____ Sunday \$ _____

How many customers per week/month? _____

How are you paid? _____ By # of Papers Delivered/Sold _____ Flat Fee

Customer	Copies Delivered	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: _____

Newspaper Carrier 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 = _____

Supplies: (plastic bags, rubber bands, etc)

Newspaper Cost

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