MECHANIC / AUTO BODY INCOME & EXPENSE WORKSHEET YEAR Federal ID #__ NAME NAME OF BUSINESS ADDRESS OF BUSINESS sales 🛚 BUSINESS ACTIVITY (Check all that apply): manufacturing service PRODUCT SOLD OR SERVICE PERFORMED 12 Months 🔲 or How many months was this business in operation during the year? From____ To How many hours during the year did you and/or your spouse devote to this business? FULL TIME **I OR** # of hours Is any portion of your investment in this business not subject to payback by you? YES 🗀 **▼ BUSINESS INCOME ▼** Bring in ALL 1099s received. Look for 1099-NEC, 1099-K, and 1099-MISC. Include all 1099 income **1099 FORMS GROSS SALES/RECEIPTS** for services performed If not included in above Do your records agree YES 📮 SALES TAX COLLECTED with the amounts reported? NO 🗖 Amount included in Gross Sales **RETURNS / REFUNDS** that was refunded to your client Did you receive \$10.000.00 in actual cash from any individual at any one time-or in accumulated OTHER INCOME Directly related to your business amounts— during this tax year? TIP INCOME: Include all tips in above totals. If tips were paid voluntarily, report that amount separately. ▼ Sales of Equipment, Machinery, Land, Buildings Held for Business Use Kind of Property Date Acquired Date Sold Gross Sales Price Expenses of Sale **▼ BUSINESS EXPENSES** (cost of goods sold) **▼** Shipping cost to receive product or PURCHASE OF PRODUCT FREIGHT-IN materials, if not included in purchases & SUPPLIES FOR RESALE Actual cost of items in purchases OTHER COSTS PERSONAL USE used by you or your family INVENTORY AT END OF YEAR How did you arrive at inventory value? COST OF **LABOR** Actual Cost Other (explain) PURCHASE OF Tires, batteries, sheet metal, MATERIAL FOR JOBS mufflers, car parts, etc. **▼ CAR and TRUCK EXPENSES ▼ ▼ OFFICE in HOME ▼ VEHICLE 1 VEHICLE 2 Date Acquired Home** Year and Make of Vehicle **Total Cost** Date Purchased (month, date and year) **Cost Of Land** Ending Odometer Reading (December 31) **Cost Of Improvements** Beginning Odometer Reading (January 1) Sq. Footage Of Home Sq. Footage Of Office Area Total Miles Driven (End Odo - Begin Odo) Total Business Miles (do you have another vehicle?) Rent Paid (If You Rent) **Total Commuting Miles** Interest **Parking Fees and Tolls Taxes** License Plates Utilities/Garbage Insurance Interest Repairs/Maintenance Continue below if you take actual expense (must use actual expenses if you lease) **Hours Used Per Week** Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.

Lease Costs

Hours Worked Per Week

MECHANIC / AUTO BODY EXPENSES (continued)

ADVERTISING/PROMOTION: Ads, business cards,	EXPENSES (away from home overnight):
greeting cards, sales aids, catalogs, etc.	Lodging
*COMMISSIONS & FEES PAID: Contract labor	Meals & tips (keep separate from other costs)
EMPLOYEE BENEFITS: Health insurance, company	Convention fees
party, mileage reimbursements, etc.	Cruise ship convention/seminar
INSURANCE: Worker's comp., business liability (do not	Airplane or train fares
included auto/truck/health)	Auto rental, taxis or bus fares
INTEREST (Mortgage): Paid to financial institution	Other (incidentals, laundry, etc.)
Paid to individual	MEALS & ENTERTAINMENT*:
OTHER INTEREST: (do not include auto or truck)	Business meals
List life insurance loans separately	Gifts (limited to \$25 per individual or couple)
Business-only credit card	*Entertainment (e.g. tickets) is not deductible for tax year 2018 and beyond
*LEGAL & PROFESSIONAL: Attorney fees for business,	Tickets to qualified charitable events
accounting fees, bonds, permits, etc.	UTILITIES & TELEPHONE (business building):
OFFICE EXPENSE: Postage, stationery, office supplies,	Electricity (business)
computer supplies, pens, etc.	Natural gas/heating fuel (business)
*RENT/LEASE: Machinery & equipment	Garbage, water, sewer (business)
Other business property	Telephone (bus. line, second line, other options)
*REPAIRS & MAINTENANCE: Building, equipment, etc.	Business long distance (from home telephone)
(do not include auto or truck)	Cell phone (business portion of use only)
SUPPLIES: Cleaning supplies, mops, towels, tarps, etc.	WAGES: Bring your copy of W-2s/941s if they
Propane tanks, solvents, paint, putty, etc.	have been filed
Safety equip, masks, goggles, earplugs, etc.	Wages to spouse (subject to SS/Med tax)
Small tools, brushes, saw blades, etc.	Wages to children under 18 (not subject
Hoses, clamps, filters, hardware, etc.	to SS/Medicare tax)
TAXES: Personal property	Other
Licenses (not auto/truck)	OTHER EXPENSES (not listed elsewhere):
Real estate of business building & land	Bank charges, credit card machine
Sales tax (if included in gross sales)	Dues, publications, manuals, education
Payroll (your share of SS/Med/Unemploy.)	Fuel for equipment (not truck/auto)
TRAVEL (number of nights away):	Laundry & cleaning
City Nights Out City Nights Ou	t Shipping, courier services
City Nights Out City Nights Ou	t Trade show fees
City Nights Out City Nights Ou	
City Nights Out City Nights Ou	Disposal of waste, tires, batteries, etc.
EQUIPM	ENT PURCHASED

Power tools, compressors, generators, ladders, lights, space heaters, fans, vacuum cleaners, tool bags/boxes/cabinets, storage cabinets, ventilation system, hydraulic lift, rolling carts, computer, printer, testing equipment, welding equipment, furniture.

Item Purchased	Date	Bus Use %	Cost (including sales tax)	Item Traded	Additional cash pd	Traded w/related prop.	Other Info.

^{* 1099}s: Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by the payer.

Due date of return is January 31. Nonfiling penalty may apply. If recipient does not furnish you with his/her Social Security number, you are required to withhold tax on the payment(s).

Name	Address	Social Security #	Amount Paid	Purpose of Payment