

## Lina's Tax Team

### Business Income and Expenses

#### General Information

**Taxpayer name**

**Ownership** (place X next to the applicable option below)

Taxpayer	<input type="checkbox"/>
Spouse	<input type="checkbox"/>
Joint	<input type="checkbox"/>

**Business name**

**Business address** (including unit number, city, state and zip)

**Principal business/profession**

**Employer ID number**

**Accounting method** (place X next to the applicable option below)

Cash	<input type="checkbox"/>
Accrual	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Method used to value closing inventory, if applicable**

(place X next to the applicable option below)

Cost	<input type="checkbox"/>
Lower of cost or market	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Materially participated in 2013**

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

**Business started / acquired in 2013**

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

**Required to issue 1099- MISC**

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

**Issued 1099-MISC**

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

#### Cost of Goods Sold - If Applicable

**Beginning inventory**

**Materials and supplies**

**Purchases**

**Other costs**

**Items withdrawn for personal use**

**Ending inventory**

**Cost of labor**

**(do not include your salary)**

# Lina's Tax Team

## Business Income & Expenses Organizer

<b>Taxpayer name</b>		<b>Business name</b>	
<b>Business Address</b>		<b>Product / Service</b>	

### Income

<b>Income on 1099-MISC</b>		<b>Returns and allowances</b>	
<b>Income by cash/check</b>		<b>Other income</b>	

### Expenses

Advertising		Repairs and maintenance	
Commissions and fees		Supplies	
Contract labor / Independent		Taxes and licenses	
Insurance (liability, other)		Travel	
Health insurance (include premiums for yourself, spouse and dependents)		Meals / Entertainment	
Mortgage interest (do not include principal residence)		Rent / Lease (Office space)	
Other interest (car loan, etc.)		Utilities	
Legal and professional services (tax preparation, accounting, etc.)		Gross wages paid to employees	
Office expenses (postage and office supplies)		Employee pension plans	
		Employee health insurance	
		Other employee benefits	
		Other expenses (list below)	

**New Machinery & Equipment**

Please List each Item

Date in service	Describe equipment purchased	Cost

# Lina's Tax Team

## Vehicle Expenses

<b>Tax year</b>		<b>Business name/ rental address</b>	
<b>Taxpayer name</b>			

### General Information

<b>Make</b>		<b>Vehicle year</b>	
<b>Model</b>		<b>Date placed in service</b>	
Do you or your spouse have another vehicle available for personal use (yes/no)?		Do you have evidence to support your deduction (yes/no)?	
Was your vehicle available for use during off duty hours (yes/no)?		Is the evidence written?	

### Mileage

<b>Total miles</b>		<b>Personal miles</b>	
<b>Business or rental miles</b>		<b>Other miles (explain below)</b>	
<b>Commute miles</b>			

### Expenses

<b>Gas</b>		<b>Repairs</b> (including oil changes and tires)	
<b>Insurance</b>		<b>Bridge tolls</b>	
<b>Registration fees</b>		<b>Parking</b> (including garage rent)	
<b>Lease payments</b>		<b>Cost of the vehicle</b>	
<b>Licenses</b>			
<b>Other</b> (describe below)			