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BUSINESS Income and Expense Worksheet

Taxpayer's Name: _____

Tax Year: _____

Business Name: _____

INCOME	Amount	INVENTORY	Amount
Gross Receipts or Sales		Inventory at beginning of year	
<i>Income Reported on 1099's</i>		<i>Purchases</i>	
<i>Invoiced Income</i>		<i>Items withdrawn for Personal Use</i>	
Commissions RECEIVED		. <i>Cost of Labor</i>	
Other Income		. <i>Materials & Supplies</i>	
Returns and Allowances		. <i>Other cost</i>	
		TOTAL COST - calculated	
W2 earnings as statutory employee		End of Year Inventory	
Total Income		Cost of goods sold (Total cost - inventory)	

Expenses	Amount		Amount
Accounting		Carryover from first column:	
Advertising		<i>Pension / profit sharing plans</i>	
Answering Service		. <i>contributions</i>	
Bank Fees		. <i>administrative & educational cost</i>	
Car & Truck expenses		. <i>Pension start-up credit (F8881)</i>	
Parking & Tolls		Rent or Lease - Vehicles, Machinery,...	
Comission paid		Rent other	
Contract Labor		Repairs	
Delivery & Freight		Security	
Dues and Subscriptions		Start up cost	
Employee Benefit Programs (pension, etc.)		Supplies	
F 8941 credit - Health Ins premiums		Taxes - Real Estate	
Home office expenses		Taxes - other	
Insurance (non-health)		Taxes - Sales tax incl in gross receipts	
INTERNET		Telephone (Business)	
Interest - Mortgage (business property)		Tools	
Interest - Other		TRAVEL & Travel MEALS	<i>see below</i>
Janitorial		Meal/Entertainment expenses in full	
Laundry & Cleaning		Uniforms	
Legal and Professional		Utilities - Electric, Gas, Oil, etc.	
OFFICE expenses - small equipment		Wages - total	
OFFICE expenses - consumables		Wages - Payroll Tax	
Postage		Wages - Administrative Fees	
Printing		OTHER EXPENSES:	
Outside Services			
SUB-TOTAL		TOTAL EXPENSES	

HEALTH INSURANCE for Self-Employed

Attach Covered CA F 1095-A & CA3853

.2.

Health Care Provider _____

Annual Premium _____

OFFICE in HOME***If you maintain a fully separate and distinct area in your home for your business, you may be eligible for a business use of the home deduction. Please provide the following information:***

Total Square Feet of Home _____

Rent _____

Total Square Feet of Home Office _____

Homeowner's/Renter's Insurance _____

Mortgage Interest _____

Repairs _____

Property Taxes _____

Utilities (Gas, Electric, Oil) _____

Other Expenses (e.g., HOA) _____

Original Purchase Price of home _____*Please attach Property tax bill***AUTO MILEAGE**

Miles driven in your personal vehicle can be deducted. (e.g., for trips to the property, store, bank, meetings...) _____

Please provide the following information for your mileage deduction.

Year and make of vehicle _____

Total miles driven in year (all miles) _____

Purchase Date _____

Total miles driven related to business _____

Original Purchase price _____

Tolls and parking fees related to business _____

DMV registration _____

Interest Paid on this vehicle _____

DMV vehicle license fee _____

Parking / Bridge Tolls _____

AUTO Actual EXPENSES

Insurance _____

Repairs _____

Gasoline _____

Oil _____

Car Wash _____

Car Improvements _____

Parking / Bridge Tolls _____

TRAVEL EXPENSES

LODGING		
HOTEL / AIRBNB incl tips		
MEALS PER DIEM		<i>Domestic per diem rate is \$64 to \$74</i>
STARTING DATE		
LAST DAY OF TRAVEL		
LOCATION		
RENTAL CAR		
RENTAL FEES		
GASOLINE FOR RENTAL CAR		
TAXI/SHUTTLE/PUBLIC T. - incl tips		

CAPITAL ASSETS	Depreciation	Depletion	Amortization
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Identify capital PURCHASES below; including equipment, furniture, vehicles or property improvements

Description of Asset	Date Acquired	Cost	% Business Use

Identify capital assets SOLD or disposed of below

Description of Asset	Date of Disposal	Amount Received	% Business Use