

Business Owner Name: \_\_\_\_\_ SSN (Last 4): \_\_\_\_\_ Tax Year: \_\_\_\_\_

Business Name/ Address: \_\_\_\_\_

Is this an LLC? YES/NO (Circle One) \_\_\_\_\_ Business Start Date: \_\_\_\_\_

Business Tax ID# (if applicable) \_\_\_\_\_ % of Ownership: \_\_\_\_\_

### Business Income

Amount Reported on 1099-NEC \$ \_\_\_\_\_

Amount Reported on 1099-K \$ \_\_\_\_\_

Additional Income NOT reported on 1099-NEC/K \$ \_\_\_\_\_

**Total Income:** \$ \_\_\_\_\_

Total **Tip Income** Included in Total Income: \$ \_\_\_\_\_

### Business Expenses

Advertising \$ \_\_\_\_\_ Equipment Rental \$ \_\_\_\_\_

Commissions/Fees \$ \_\_\_\_\_ Repairs/Maintenance \$ \_\_\_\_\_

Contract Labor \$ \_\_\_\_\_ Supplies (non-office) \$ \_\_\_\_\_

Employee Benefits \$ \_\_\_\_\_ Taxes & Licenses \$ \_\_\_\_\_

Insurance (non-health) \$ \_\_\_\_\_ Travel (hotel/transportation) \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_ Total Business Meals \$ \_\_\_\_\_

Legal & Professional \$ \_\_\_\_\_ Cell Phone \$ \_\_\_\_\_

Postage & Shipping \$ \_\_\_\_\_ Internet \$ \_\_\_\_\_

Office Supplies \$ \_\_\_\_\_ Bank/CC Fees \$ \_\_\_\_\_

Office/Booth Rent \$ \_\_\_\_\_ Health Ins. Premiums \$ \_\_\_\_\_

(Other) \$ \_\_\_\_\_ (Other) \$ \_\_\_\_\_

(Other) \$ \_\_\_\_\_ (Other) \$ \_\_\_\_\_

**Advertising:** ads, business cards, websites, referral fees, flyers, etc. || **Repairs/Maintenance:** sharpening equipment ||

**Supplies:** beauty supplies, snacks/drinks for customers, small tools || **Taxes/Licenses:** state license fees, LLC fees ||

**Business Meals:** 50% deductible for meals with clients and travel, all other meals must be ordinary and necessary for the business (2025 last year to claim other meals expense), no longer includes entertainment || **Other:** education, workshops, laundry, smocks, trade shows, shipping, business app fees/subscriptions || **1099's:** see below

### Equipment Purchased

(Equipment items have a useful life of more than one year. Do not include these items in any other section)

Item Purchased: \_\_\_\_\_ Date Purchased / Total Paid: \_\_\_\_\_ / \$ \_\_\_\_\_

Item Purchased: \_\_\_\_\_ Date Purchased / Total Paid: \_\_\_\_\_ / \$ \_\_\_\_\_

### Mileage

Year, Make, and Model of Vehicle: \_\_\_\_\_

Business Miles Driven: \_\_\_\_\_ Personal Miles Driven: \_\_\_\_\_ Total Miles Driven: \_\_\_\_\_

Auto Loan Interest Paid: \_\_\_\_\_ Personal Property Tax: \_\_\_\_\_

Parking Fees / Tolls: \_\_\_\_\_ Do you have another vehicle for use? YES / NO (circle one)

### Home office Expenses

Do you have a home office available anywhere other than your home? YES / NO (circle one)

Square footage of Home: \_\_\_\_\_ Square footage of Office: \_\_\_\_\_

Utilities: \_\_\_\_\_ Rent/Mortgage/Property Taxes: \_\_\_\_\_

Insurance: \_\_\_\_\_ Home Office Repairs/Maintenance: \_\_\_\_\_

**(Utilities Include:** Electric, Water, Gas, Water, Sewer, etc. Do not include cell or internet)

### Product Sales

Do you sell a product? YES / NO (circle one) If YES, complete information below:

Gross receipts or sales: \$ \_\_\_\_\_ Returns and allowances: \$ \_\_\_\_\_

Beginning Inventory: \$ \_\_\_\_\_ Ending Inventory: \$ \_\_\_\_\_

### 1099's Distributed

Total annual (yearly) payments of \$600 or more to individuals for services related to your business. 1099's must be filed with the IRS by January 31.

Name	Amount	Purpose of Payment	Name	Amount	Purpose of Payment
_____	\$ _____	_____	_____	\$ _____	_____

I certify that the information above is true and I have receipts to prove my expenses to the IRS, if needed.

TP Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

( Attach additional sheets if needed )