



MASON Tax & Business Solutions LLC/Partnership/Self Employed Income & Expense Worksheet

Name of Proprietor		Business Activity	
Business Name		Product or Service	
Business Address		Federal ID#	
1. Business is conducted on the (check) <input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual <input type="checkbox"/> Other <input type="checkbox"/> 2. Inventory (if applicable) is based on <input type="checkbox"/> Cost <input type="checkbox"/> Other <input type="checkbox"/> 3. Do you use any part of your home for business? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Did you hire any new employees that may qualify for job credits? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. How many months in business during year? # <input type="text"/> 6. Did you buy or sell any assets? <input type="checkbox"/> Yes <input type="checkbox"/> No			
INCOME		COST OF GOODS SOLD (If Applicable)	
Gross Receipts/Sales		Beginning of the Year Inventory	
Returns & Allowances		End of the Year inventory	
*Income Reported on 1099		Purchases	
*Commissions		Above Withdrawn for Personal Use	
Other:		Cost of Labor (Direct & Indirect)	
		Materials/Supplies	
		Other:	
*Do not Duplicate if included in Gross Sales			
EXPENSES			
Advertising		Wages (Not Reported Above)	
Bad Debts (if reported in income)		Payroll Taxes	
Bank Charges		Social Security & Medicare	
Car/Truck Expense		Unemployment (Fed & State)	
Commissions & Fees Paid		Other Taxes	
Dues & Publications		Real Estate	
Employee Benefit Programs		Personal Property	
Freight (Not included Above)		Other:	
Insurance (Business)		Automobile Exp. (Adequate records required)	
Interest (Business)		Total Miles Driven	
Laundry & Cleaning		Business Miles	
Legal & Professional		Personal Miles	
Office Supplies & Postage		Parking Expense	
Pensions/Profit Sharing		Travel (Out of Town)	
Utilities		Transportation (Air Fare)	
Rent (Business)		Lodging	
Repairs & maintenance		Cabs, Bus, Rentals	
Supplies (Other)		Other:	
Telephone (Business)		Meals & Entertainment (at 100%)	
Health Ins. (Personal 100%)		Meals & Tips	
Other:		Entertainment	
		Tickets & Events	
		Gifts	
Mortgage Interest (Paid to Financial institution)			
Depreciation - If Predetermined (Attach Schedule)			



New Equipment/Capital Improvements

If during the year you purchased Equipment, Furniture, Vehicles or made Property Improvements, list below (do not duplicate on 1st page)

Description	Property Type	Date	Cost	Asset Was		If Trade-In Involved	
				New	Used	Description	Allowance

Depreciable Assets Sold or Disposed Of

Description	Property Type	Date Acquired	Original Cost	Date Disposed Of	Describe Means of Disposal	Amount Received

Please provide sales slips for any vehicles purchased during the year.