Small Business Worksheet

Name of Business:		Type/Nature of Business:	
Taxpayer Name:		EIN:	
Date operations began: / /		Date your business closed (if applicable): / /	
Gross Income (provide any 1099's)	$	Returns and Refunds	$
Cost of Inventory at Beginning of Year	$	Cost of Inventory Purchased	$
Cost of Inventory Withdrawn for Personal Use	$	Cost of Inventory at End of Year	$
Advertising	$	Taxes & Licenses	$
Contract Labor	$	Travel (airfare, lodging, tolls, parking, etc.)	$
Insurance (other than health)	$	Meals	$
Interest-Mortgage (Commercial building)	$	Utilities (other than home)	$
Interest-Other	$	Wages Paid (W-2 employees)	$
Legal & Professional Services	$	Employee and/or Owner Health Insurance Premiums Paid	$
Office Supplies	$	Dues & Publications	$
Rent or Lease (other than home)	$	Telephone	$
Repairs & Maintenance (other than home)	$	Internet	$
Supplies	$	Other:	$

Vehicle Expense

Type & Year of Vehicle:		Is this evidence written?	☐ Yes ☐ No
Date First Used for Business: / /		Number of Miles Driven for Business	mi.
Do you have another car for personal use? Yes ☐ or No ☐		Number of Miles Driven for Personal	mi.
Do you have evidence to support the deduction? Yes ☐ or No ☐		Number of Miles Driven for Commuting	mi.

Home Office

Square Footage of Home		Cost of Utilities Except Water per Month	$
Square Footage of Space/Room Used		Amount of Rent Paid per Month	$
Cost of Home	$	Insurance – Homeowners/Renters	$
Number of Months Office was in Home		Other - Specify	$

Equipment or Other Major Purchases in 2023	Date Purchased	Placed in Service	Cost
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$
	/ /	/ /	$

**** Please attach a list of all property sold or retired in 2023***

First-Year Startup & Organizational Expenses Paid

Payee	Date Paid	Purpose	Cost
	/ /		$
	/ /		$
	/ /		$
	/ /		$

Comments and Other Expenses Not Included Above: