

Small Business Worksheet

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|--|----|---|----|
| 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) | \$ | Tips received and included in gross income - provide supporting documentation | \$ |
| 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| Cost of Inventory Withdrawn for Personal Use | \$ | Cost of Inventory at End of Year | \$ |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 office) | \$ |
| 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 office) | \$ | Telephone | \$ |
| Repairs & Maintenance (other than home office) | \$ | 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 2025 | Date Purchased | Placed in Service | Cost |
|--|----------------|-------------------|------|
| | / / | / / | \$ |
| | / / | / / | \$ |
| | / / | / / | \$ |
| | / / | / / | \$ |
| | / / | / / | \$ |
| | / / | / / | \$ |
| | / / | / / | \$ |
| | / / | / / | \$ |

* Please attach a list of all property sold or retired in 2025

First-Year Startup & Organizational Expenses Paid

| Payee | Date Paid | Purpose | Cost |
|-------|-----------|---------|------|
| | / / | | \$ |
| | / / | | \$ |
| | / / | | \$ |
| | / / | | \$ |

Comments and Other Expenses Not Included Above:

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|--|
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