

MECHANIC / AUTO BODY INCOME & EXPENSE WORKSHEET

YEAR _____

NAME _____ Federal ID # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

BUSINESS ACTIVITY (Check all that apply): sales manufacturing service

PRODUCT SOLD OR SERVICE PERFORMED _____

How many months was this business in operation during the year? 12 Months OR From _____ To _____

How many hours during the year did you and/or your spouse devote to this business? FULL TIME OR # of hours _____

Is any portion of your investment in this business *not* subject to payback by you? YES NO

▼ BUSINESS INCOME ▼

GROSS SALES/RECEIPTS	Include all 1099 income for services performed	1099 FORMS Bring in ALL 1099s received. Include Non-Employee Amount in Gross Sales. Do your records agree with the amount reported? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you receive \$10,000.00 in actual cash from any individual at any one time— <i>or in accumulated amounts</i> — during this tax year?
SALES TAX COLLECTED	If not included in above	
RETURNS / REFUNDS	Amount included in Gross Sales that was refunded to your client	
OTHER INCOME	Directly related to your business	

▼ Sales of Equipment, Machinery, Land, Buildings Held for Business Use ▼

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

▼ BUSINESS EXPENSES (cost of goods sold) ▼

PURCHASE OF PRODUCT & SUPPLIES FOR RESALE		FREIGHT-IN	Shipping cost to receive product or materials, if not included in purchases
PERSONAL USE	Actual cost of items in purchases used by you or your family	OTHER COSTS	
COST OF LABOR		INVENTORY AT END OF YEAR	
PURCHASE OF MATERIAL FOR JOBS	Tires, batteries, sheet metal, mufflers, car parts, etc.	How did you arrive at inventory value? Actual Cost <input type="checkbox"/> Other (explain) _____	

▼ CAR and TRUCK EXPENSES ▼

	VEHICLE 1	VEHICLE 2
Year and Make of Vehicle		
Date Purchased (month, date and year)		
Ending Odometer Reading (December 31)		
Beginning Odometer Reading (January 1)	—	—
Total Miles Driven (End Odo – Begin Odo)		
Total Business Miles (do you have another vehicle?)		
Total Commuting Miles		
Parking Fees and Tolls		
License Plates		
Interest		
<i>Continue below if you take actual expense (must use actual expenses if you lease)</i>		
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.		
Lease Costs		

▼ OFFICE in HOME ▼

Date Acquired Home
Total Cost
Cost Of Land
Cost Of Improvements
Sq. Footage Of Home
Sq. Footage Of Office Area
Rent Paid (If You Rent)
Interest
Taxes
Utilities/Garbage
Insurance
Repairs/Maintenance
Hours Used Per Week
Hours Worked Per Week

MECHANIC / AUTO BODY EXPENSES (continued)

<p>ADVERTISING/PROMOTION: Ads, business cards, greeting cards, sales aids, catalogs, etc.</p> <p>*COMMISSIONS & FEES PAID: Contract labor</p> <p>EMPLOYEE BENEFITS: Health insurance, company party, mileage reimbursements, etc.</p> <p>INSURANCE: Worker's comp., business liability (do not include auto/truck/health)</p> <p>INTEREST (Mortgage): Paid to financial institution Paid to individual</p> <p>OTHER INTEREST: (do not include auto or truck) List life insurance loans separately Business-only credit card</p> <p>*LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, etc.</p> <p>OFFICE EXPENSE: Postage, stationery, office supplies, computer supplies, pens, etc.</p> <p>*RENT/LEASE: Machinery & equipment Other business property</p> <p>*REPAIRS & MAINTENANCE: Building, equipment, etc. (do not include auto or truck)</p> <p>SUPPLIES: Cleaning supplies, mops, towels, tarps, etc. Propane tanks, solvents, paint, putty, etc. Safety equip, masks, goggles, earplugs, etc. Small tools, brushes, saw blades, etc. Hoses, clamps, filters, hardware, etc.</p> <p>TAXES: Personal property Licenses (not auto/truck) Real estate of business building & land Sales tax (if included in gross sales) Payroll (your share of SS/Med/Unemploy.)</p> <p>TRAVEL (number of nights away): City _____ Nights Out _____ City _____ Nights Out _____ City _____ Nights Out _____ City _____ Nights Out _____ City _____ Nights Out _____ City _____ Nights Out _____ City _____ Nights Out _____ City _____ Nights Out _____</p>	<p>EXPENSES (away from home overnight): Lodging Meals & tips (keep separate from other costs) Convention fees Cruise ship convention/seminar Airplane or train fares Auto rental, taxis or bus fares Other (incidentals, laundry, etc.)</p> <p>MEALS & ENTERTAINMENT*: Business meals Gifts (limited to \$25 per individual or couple) *Entertainment (e.g. tickets) is not deductible for tax year 2018 and beyond Tickets to qualified charitable events</p> <p>UTILITIES & TELEPHONE (business building): Electricity (business) Natural gas/heating fuel (business) Garbage, water, sewer (business) Telephone (bus. line, second line, other options) Business long distance (from home telephone) Cell phone (business portion of use only)</p> <p>WAGES: Bring your copy of W-2s/941s if they have been filed Wages to spouse (subject to SS/Med tax) Wages to children under 18 (not subject to SS/Medicare tax) Other</p> <p>OTHER EXPENSES (not listed elsewhere): Bank charges, credit card machine Dues, publications, manuals, education Fuel for equipment (not truck/auto) Laundry & cleaning Shipping, courier services Trade show fees Uniforms, boots/shoes, aprons Disposal of waste, tires, batteries, etc.</p>
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EQUIPMENT PURCHASED

Power tools, compressors, generators, ladders, lights, space heaters, fans, vacuum cleaners, tool bags/boxes/cabinets, storage cabinets, ventilation system, hydraulic lift, rolling carts, computer, printer, testing equipment, welding equipment, furniture.

Item Purchased	Date	Bus Use %	Cost (including sales tax)	Item Traded	Additional cash pd	Traded w/related prop.	Other Info.

* **1099s:** Amounts of \$600.00 or more paid to individuals (not corporations) for rent, interest, or services rendered to you in your business, require information returns to be filed by the payer.

Due date of return is January 31. Nonfiling penalty may apply. If recipient does not furnish you with his/her Social Security number, you are required to withhold tax on the payment(s).

Name	Address	Social Security #	Amount Paid	Purpose of Payment