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	
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	

1099 FORMS Bring in ALL 1099s received. Include Non-Employee Amount in Gross Sales.

Do your records agree with the amount reported? YES ❑ NO ❑

Did you receive $10,000.00 in actual cash from any individual at any one time—*or in accumulated amounts*— during this tax year?

▼ 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	
			INVENTORY AT END OF YEAR	
COST OF LABOR			How did you arrive at inventory value? Actual Cost ❑ Other (explain) _____	
PURCHASE OF MATERIAL FOR JOBS	Tires, batteries, sheet metal, mufflers, car parts, etc.			

▼ 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 (1-1 through 6-30 / 7-1 through 12-31)	/	/
Total Commuting Miles		
Parking Fees and Tolls		
License Plates		
Interest		
Continue below if you take actual expense (must use actual expenses if you lease)		
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)

ADVERTISING/PROMOTION: Ads, business cards, greeting cards, sales aids, catalogs, etc.	
***COMMISSIONS & FEES PAID**: Contract labor	
EMPLOYEE BENEFITS: Health insurance, company party, mileage reimbursements, etc.	
INSURANCE: Worker's comp., business liability (do not included auto/truck/health)	
INTEREST (Mortgage): Paid to financial institution	
Paid to individual	
OTHER INTEREST: (do not include auto or truck)	
List life insurance loans separately	
Business-only credit card	
***LEGAL & PROFESSIONAL:** Attorney fees for business, accounting fees, bonds, permits, etc.	
OFFICE EXPENSE: Postage, stationery, office supplies, computer supplies, pens, etc.	
***RENT/LEASE:** Machinery & equipment	
Other business property	
***REPAIRS & MAINTENANCE:** Building, equipment, etc. (do not include auto or truck)	
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.	
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.)	

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___

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.)	
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	
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)	
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	
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.	

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 $2000.00 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