



General Information

Business Owner (Your Name) _____

Business Description Tastefully Simple

Business Name (if no separate name, leave blank) _____

Employer ID Number (if different from SSN) _____

Accounting method: Cash Accrual Other (specify) _____

Did you materially participate in the business during this year? Yes No

Did you start or acquire this business this year? Yes No

Income* (see instructions)

Gross receipts from 1099-MISC *(provide forms please)* _____

Other gross receipts or sales _____

Returns and allowances _____

Cost of goods sold:

Inventory at beginning of year _____

Purchases less personal use items _____

Samples and supplies _____

Other costs _____

Inventory at end of year _____

***Instructions for Income Section:**

To use an "Order Listing" for the entire year, use the following to fill in the Income section:

Gross Receipts =
 Part 1 (Product) +
 Part 2 (Samples) +
 Part 3 (Supplies) +
 Misc

Purchases = Part 1 (Product) –
 Discounts

Samples and Supplies =
 Part 2 (Samples) +
 Part 3 (Supplies)

Other Costs = Misc

Expenses

Advertising (including business cards) _____

Car and truck *(see worksheet)*

Depreciation and section 179 *(see worksheet)*

Insurance (other than health) _____

Interest:

Mortgage (not home office) _____

Other _____

Legal and professional services _____

Office expense _____

Home Office expenses *(see worksheet)*

Rent or lease:

Vehicles, machinery, equipment _____

Other business property _____

Repairs and maintenance _____

Supplies (not included in COGS) _____

Taxes and licenses _____

Travel, meals, and entertainment:

Travel _____

Meals and entertainment _____

Utilities (not home office) _____



April's Tax Service, Inc.

Professional, Personal, & Practical Pricing

Tastefully Simple Questionnaire

Other expenses (specify):

Telephone	_____	_____
Postage	_____	_____
Internet	_____	_____
ProPay	_____	_____
Website	_____	_____
Conferences	_____	_____
_____	_____	_____
_____	_____	_____

Car and Truck Expenses Worksheet

Vehicle Description			
Date placed in service			
Total miles for year			
Business miles for year	Before 7/1: After 7/1:	Before 7/1: After 7/1:	Before 7/1: After 7/1:
Commuting miles for year			
Another vehicle for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Available during off-duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Depreciation and Section 179 Worksheet

Description of asset							
Date placed in service							
Cost or Basis							
Prior-Year Section 179							
Prior-Year depreciation							
Date of Disposal							
Sale Price							
Sales Expenses							



Home Office Deductions Worksheet

Area used exclusively for business	_____
Total area of home	_____
Mortgage Interest	_____
Real estate taxes	_____
Insurance	_____
Repairs and maintenance	_____
Utilities:	
Gas	_____
Electric	_____
Water	_____
Sewer	_____
Trash pickup (NOT yard maint.)	_____
Other expenses	_____