

 **Craft Accounting Service**  
**Business Income Expense Worksheet**

**General Information**

Business Name: \_\_\_\_\_  
 Business Address \_\_\_\_\_  
     Street Address: \_\_\_\_\_  
     City, State & Zip: \_\_\_\_\_  
 Principle Business Profession: \_\_\_\_\_  
 Tax Identification Number: \_\_\_\_\_

**Income**

Gross Receipts or Sales  
     Amount & Type \_\_\_\_\_  
     Amount & Type \_\_\_\_\_  
     Amount & Type \_\_\_\_\_  
     Amount & Type \_\_\_\_\_  
     Amount & Type \_\_\_\_\_  
 Other Income (interest, etc.):  
     Type & Amount: \_\_\_\_\_

**Cost of Goods Sold (If Applicable)**

Purchases (for resale, etc.) \_\_\_\_\_  
 Direct Materials \_\_\_\_\_

**General Expenses**

Accounting: \_\_\_\_\_  
 Advertising: \_\_\_\_\_  
 Bank Charges/Fees: \_\_\_\_\_  
 Cleaning: \_\_\_\_\_  
 Commissions & Fees: \_\_\_\_\_  
 Computer Services & Supplies \_\_\_\_\_  
 Contract Labor/Outside Services: \_\_\_\_\_  
 Credit & Collection Costs: \_\_\_\_\_  
 Delivery & Freight: \_\_\_\_\_  
 Dues & Subscriptions: \_\_\_\_\_  
 Gifts: \_\_\_\_\_  
 Health Savings Account Contributions: \_\_\_\_\_  
 Insurance \_\_\_\_\_  
     Health Insurance \_\_\_\_\_  
     Liability Insurance: \_\_\_\_\_  
     Life Insurance: \_\_\_\_\_  
     Property Insurance: \_\_\_\_\_  
 Interest \_\_\_\_\_  
     Finance Charges \_\_\_\_\_  
     Loan Interest \_\_\_\_\_  
     Other Interest \_\_\_\_\_  
 \_\_\_\_\_  
 Internet Service: \_\_\_\_\_  
 Laundry: \_\_\_\_\_  
 Legal & Professional Fees: \_\_\_\_\_  
 Licenses: \_\_\_\_\_  
 Meals & Entertainment: \_\_\_\_\_  
 Miscellaneous: \_\_\_\_\_  
 Office Supplies: \_\_\_\_\_



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General Expenses		
Parking Fees & Tolls:	_____	
Permits & Fees:	_____	
Postage:	_____	
Printing & Reproduction:	_____	
Repairs & Maintenance	_____	
Rents		
Equipment Rental:	_____	
Property/Building Rental:	_____	
Salaries & Wages (attach 941 & 940)		
Gross Wages	_____	
Social Security Tax	_____	
Medicare Tax	_____	
Federal Unemployment Tax	_____	
State Unemployment Tax	_____	
Security:	_____	
Supplies:	_____	
Taxes (other)		
State Income/Franchise Tax:	_____	
Property Taxes:	_____	
Other Misc. Taxes:	_____	
Telephone:		
Tools:		
Training/Continuing Education:		
Travel		
Uniforms		
Utilities	_____	
Other Expenses		
Amount & Type	_____	_____
Amount & Type	_____	_____
Amount & Type	_____	_____
Amount & Type	_____	_____
Amount & Type	_____	_____
Vehicle Mileage		
Business Miles:	_____	
Depreciable Assets		
Fixed Asset Purchases		
Amount & Type	_____	_____
Amount & Type	_____	_____
Amount & Type	_____	_____
Amount & Type	_____	_____
Amount & Type	_____	_____