Small Business Workshop	eet								
Name of Business: Typ				pe of Business:					
Taxpayer Name: Bu				usiness Code: EIN:					
Date operations began: /		/	Date y	our busin	ess closed (if a	applicable):	/	/	
Gross Income (provide all 1099's)		\$	Return	s and Refu	nds	•		\$	
Cost of Inventory at Beginning of Year		\$	Cost of Inventory Purchased					\$	
Cost of Inventory Withdrawn for Personal Us	\$	Cost of Inventory at End of Year					\$		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)		\$	Utilitie	es (other than home)				\$	
Interest-Other		\$	Wages					\$	
Legal & Professional Services		\$	Bank Charges					\$	
Office Supplies		\$		& Publicati	ons			\$	
Rent or Lease		\$	Postag					\$	
Repairs & Maintenance (other than home)		\$	_ ^	one & Inte				\$	
Supplies		\$	Emplo	yee Health	Insurance Paid			\$	
Vehicle Expense									
Type & Year of Vehicle:				Is this evidence written?				Yes or 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	on?	Yes or No	N	Number of	Miles Driven for	Commuting		mi.	
Home Office			<u>I</u>					<u> </u>	
Square Footage of Home			Cost o	f Utilities I	Except Water per	r Month		\$	
Square Footage of Space/Room Used	Am			nount of Rent Paid per Month				\$	
Cost of Home	\$		Insurai	nce – Hom	eowners/Renters			\$	
Number of Months Office was in Home			Other - Specify					\$	
List Equipment Purchased in 2019				Date Purchased Placed in Service				Cost	
				/	/	/ /		\$	
				/	/	/ /		\$	
				/	1	1 1		\$	
					,	1 1		\$	
				/	/	/ /			
				/	/	/ /		\$	
				/	/	/ /		\$	
				/	/	/ /		\$	
				/	/	/ /		\$	
*Please attach a list of all property sold				/	/	1 1		\$	
First-Year Startup & Organizationa	I Ex				_		1		
Payee		Date Paid		Purpose				Cost	
		/	/				\$		
		/	/				\$		
/			\$						
/ /				 \$					
Small Business Comments and Ot	her	Expenses:							
								-	
Did you make any payments that r	equ	ire you to fil	e Forr	n(s) 109	9? Yes	No			