Casa Castillo

HOUSE CLEANING / JANITORIAL 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 – MISC. 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 FOR RESALE	
PERSONAL USE — Actual cost of items in purchases used by you or your family	
* COST OF LABOR	
PURCHASE OF MATERIAL FOR JOBS	

FREIGHT-IN — Shipping cost to receive product or materials, if not included in purchases	
OTHER COSTS	
INVENTORY AT END OF YEAR	

How did you arrive at inventory value?

Actual Cost ❑ Other (explain) _____

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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		
Continue below if you take actual expense		
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)
Mortgage Interest
Real Estate Taxes
Utilities/Garbage
Insurance
Repairs/Maintenance
Hours Used Per Week
Hours Worked Per Week

HOUSE CLEANING / JANITORIAL 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 include auto/truck/health)	
INTEREST: Paid to financial institution	
(Mortgage) 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.	
PENSION/PROFIT SHARING: Employees only	
***RENT/LEASE:** Machinery and equipment	
Other business property	
***REPAIRS & MAINTENANCE:** Building, equipment, etc. (do not include auto or truck)	
SUPPLIES: Mops, brooms, brushes, buckets	
Cleaners, polishes, rags, sponges	
Safety equip., first aid kit, lights, etc.	
Trash & vac. bags, extension cords	
TAXES: Personal property	
Licenses (not auto/truck)	
Real estate of business building & land	
Sales tax (if included in gross sales)	
Payroll (your share Soc.Sec./Medicare)	

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 total 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)	
Tickets	
Tickets to qualified charitable events	
UTILITIES & TELEPHONE (business building):	
Electricity, water, sewer, garbage (business)	
Natural gas/heating fuel (business)	
Telephone (bus. line, second line, other options)	
Faxes, paging svcs, cellular svcs, online svcs	
Business long distance (from home telephone)	
WAGES: (bring your copy of W-2s/941s if they have been filed)	
Wages to spouse (subject to Soc.Sec. and Medicare tax)	
Wages to children under 18 (not subject to Soc.Sec. and Medicare tax)	
Other	
OTHER EXPENSES (not listed elsewhere):	
Bank charges, credit card machine	
Dues & publications	
Education, manuals	
Fuel for equipment (not truck/auto)	
Laundry & cleaning	
Printing & copying	
Shipping, courier services	
Trade show fees	
Uniforms, boots/shoes, aprons, gloves	

EQUIPMENT PURCHASED

(Floor polisher, vacuum cleaners, wet/dry vac, ladders, lights, space heaters, fans, "wet floor" signs, carts, storage cabinets, furniture)

Item Purchased	Date Purchased	Business Use %	Cost (including sales tax)	Item Traded	Additional Cash Paid	Traded with Related Property

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*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 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	Purpose of Payment

Sign here _____

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