Casa Castillo

YEAR_____

# MASSAGE/BODY WORK INCOME & EXPENSE WORKSHEET

**NAME**_____ **Federal ID #** _____

**NAME OF PRACTICE** _____

**ADDRESS OF YOUR PRACTICE** _____

How many months was this practice 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 practice? FULL TIME ❑ ***OR*** # of hours _____

Is any portion of your investment in this practice *not* subject to payback by you? YES ❑ NO ❑

## BUSINESS INCOME

| | | |
|---|---|---|
| **INCOME FROM SERVICES** | Include all income for services provided | |
| **INCOME FROM PRODUCT SALES** | | |
| **RETURNS/REFUNDS** | Amount included in Gross Sales that was refunded | |
| **OTHER INCOME** | Directly related to your practice | |

**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, Land, Buildings Held for Business Use

| Kind of Property | Date Acquired | Date Sold | Gross Sales Price | Expenses of Sale | Original Cost |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
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| | | | | | |
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## BUSINESS EXPENSES (cost of goods sold)

| | |
|---|---|
| TOTAL COST OF PRODUCT & SUPPLIES FOR RESALE | |
| PERSONAL USE: Actual cost of above items used by you and your family | |

FREIGHT-IN Shipping cost to receive product or materials, if not included in purchases

INVENTORY AT END OF YEAR

How did you arrive at inventory value?

Your Actual Cost ❑ Lower of Cost or Market Value ❑

# MASSAGE/BODY WORK EXPENSES (continued)

| | |
|---|---|
| **ADVERTISING/PROMOTION:** Ads, business cards, promotional items, mailings, etc. | |
| ***COMMISSIONS & FEES PAID:** | |
| **EMPLOYEE BENEFITS:** Health insurance, company party, mileage reimbursements, etc. | |
| **INSURANCE**: Worker's comp, business liability (do not include auto/truck/health) | |
| **INTEREST:** Mortgage (on business bldg.) | |
| Paid to financial institution | |
| Paid to individual | |
| **OTHER INTEREST:** | |
| (do not include auto or truck) | |
| Business loans | |
| Business-only credit card | |
| ***LEGAL & PROFESSIONAL:** Attorney fees for business, accounting, consulting, bonds, permits, etc. | |
| **OFFICE EXPENSE:** Postage, stationery, office supplies, bank charges, 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:** Linens, gowns, oils, music, aromatherapy, medical | |
| MIsc. (not included elsewhere) | |
| **TAXES:** 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 | |
| **UTILITIES & TELEPHONE:** | |
| Electricity (business bldg.) | |
| Natural gas/heating fuel (business bldg.) | |
| Garbage, water, sewer (business bldg.) | |
| Telephone (bus. line, second line, fax line, other) | |
| Business long distance (from home telephone) | |
| Internet costs | |
| Cellular services, paging services | |
| **WAGES:** (bring your copy of W-2s/941s if they have been filed) | |
| Wages to spouse (subject to Soc.Sec. and Medicare tax) | |
| Children under 18 (not subject to Soc.Sec. and Medicare tax) | |
| Other | |
| **OTHER EXPENSES** (not listed elsewhere): | |
| Professional journals & publications | |
| Uniforms & upkeep | |
| Union & professional dues | |
| Education, seminars | |
| Reference books | |
| Lab fees | |
| Printing & copying | |
| Laundry services | |
| Shipping (product to customer) | |

Casa Castillo

## EQUIPMENT PURCHASED

(Massage table, computers, office equipment, heat lamps, furnishings)

| Item Purchased | Date Purchased | Business Use % | Cost (including sales tax) | Item Traded | Additional Cash Paid | Traded with Related Property | Other Information |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
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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 can be $150 per recipient. 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## CAR and TRUCK EXPENSES

(for calling on customers, making deliveries, picking up goods, attending meetings)

| | 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 (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** |