Casa Castillo

MULTI-LEVEL SALES:

YEAR _____

INCOME & EXPENSE WORKSHEET FOR DIRECT SELLERS

YOUR NAME _____ **Federal ID #** _____

NAME OF COMPANY YOU SELL FOR _____

ADDRESS OF YOUR BUSINESS _____

PRODUCT SOLD _____

YOUR PERCENTAGE OF DISCOUNT ON PURCHASES _____%

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

Income from Sales:	Payments you receive from customers for products or samples they buy from you.	
Commissions, Bonuses, Percentages:	Amounts you receive from the company for sales and the sales of others under you.	
Prizes, Awards and Gifts you receive for any reason for selling:		

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)

Total cost of purchases of product for resale		FREIGHT-IN	Shipping cost to receive product or materials, if not included in purchases
Samples or demonstrators purchases that are available for resale		INVENTORY AT END OF YEAR	(Value of above product and samples you still have)
Personal use: Actual cost of above items used by you and your family		How did you arrive at inventory value?	
Returns: Product included above returned to the company		Your Actual Cost ❑ Lower of Cost or Market Value ❑	

Casa Castillo

CAR and TRUCK EXPENSES

(for calling on customers, making deliveries, picking up goods, 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 only if you take actual expense (must use actual expense 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	_____

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MULTI-LEVEL SALES EXPENSES (continued)

(must be ordinary and necessary)

ADVERTISING/PROMOTION: Ads, business cards, greeting cards, sales aids, catalogs, etc.	
***COMMISSIONS & FEES PAID:** Pmts. to down line.	
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)	
List life insurance loans separately	
Business only credit card	
***LEGAL & PROFESSIONAL:** Attorney fees for business, accounting fees, bonds, permits, 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: Order forms, bags	
Small tools	
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)	
Federal unemployment	
State unemployment	
TRAVEL (number of nights away): City_____ City_____ City_____ City_____ City_____ City_____	
LAUNDRY & CLEANING:	
PRINTING & COPYING:	

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:	
Sales lunches	
Gifts (limited to $25 per individual or couple)	
Tickets	
Tickets to qualified charitable events	
UTILITIES & TELEPHONE:	
Electricity (business)	
Natural gas/heating fuel (business)	
Garbage, water, sewer (business)	
Telephone (bus. line, second line, other options)	
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)	
Children under 18 (not subject to Soc.Sec. and Medicare tax)	
Other	
OTHER EXPENSES (not listed elsewhere):	
Demonstrators or Samples NOT for Sale and with life of less than one year	
Dues & publications	
Education/seminars/motivational tapes	
Laundry & Cleaning	
Meeting Fees	
Printing & Copying	
Service Charges paid to the company	
Show Fees	
Shipping (product to customer)	

EQUIPMENT PURCHASED

(Computers, office equipment, furnishings, samples or demonstrators not for sale with lives of more than one year)

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

*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 31% of the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment