

**ONLINE SALES INCOME & EXPENSE WORKSHEET** 

NAME				Federal ID #		
NAME OF BUSINESS						
ADDRESS OF BUSINESS						
PRODUCT SOLD						
How many months was this be How many hours during the y Is any portion of your investm	ear did you and/or your	spouse devote	o this business?		₹ # of hours	
		BUSINESS	INCOME			
GROSS SALES OF PROPERTY YOU PURCHASED FOR RESALE GROSS SALES OF PROPERTY YOU ORIGINALLY PURCHASED FOR PERSONAL USE SALES TAX OLUMBOR OF THE PROPERTY OF THE PR		RETU	RETURNS / REFUNDS  Amount included in Gross Sales that was refunded to your client			
		ОТНЕ	OTHER INCOME Directly related to your business			
COLLECTED	nciuded in above		f + f = f + f + f + f + f + f + f + f +			
			d for Business			
Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost	
					_	
PURCHASE OF PRODUCT	BUSINESS E		cost of goods	•	T	
PURCHASE OF PRODUCT & SUPPLIES FOR RESALE	cost of items in purchases		RODUCTS PURCHASED F SE & ADDED TO INVENTO			
	used by you or your family	IN	VENTORY AT END OF YE	AR Original Cost	Market Value	

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How did you arrive at inventory value?

Actual Cost 

Other (explain)

**YFAR** 

Shipping cost to receive product

or materials, if not included in

purchases

FREIGHT-IN

OTHER COSTS



# **ONLINE SALES EXPENSES (continued)**

ADVERTISING/PROMOTION: Ads, business cards,	lΓ				
promotional giveaways, greeting cards, exposure					
costs (homepage, features), etc.					
EMPLOYEE BENEFITS: Health insurance, company					
party, mileage reimbursements, etc.					
FEES PAID: Listing fees					
Display fees (borders, lettering, highlighting, photos)					
Grading fees, appraisals PayPal, credit card service fees, etc.	1				
INSURANCE: Worker's comp, business liability	ł				
(do not include auto/truck/health)					
INTEREST:Mortgage (on business bldg.):	11				
Paid to financial institution					
Paid to individual	1				
OTHER INTEREST: (do not include auto or truck)	1				
List life insurance loans separately	1				
Business-only credit card	11				
*LEGAL & PROFESSIONAL: Attorney fees for	1				
business, accounting fees, bonds, permits, etc.	Ш				
OFFICE EXPENSE: Stationery, office					
supplies, pens, etc.	H				
PENSION/PROFIT SHARING: Employees only	1				
*RENT/LEASE: Machinery and equipment					
Ebay (or other site) store rent	H				
Other business property,					
storage *REPAIRS & MAINTENANCE: Building,					
equipment, etc. (do not include auto or truck)	H				
SUPPLIES:Misc. (not included elsewhere) Small tools	1				
TAXES:					
Licenses (not auto/truck)					
Real estate of business building & land					
Sales tax (if included in gross sales)	1				
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	П				

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)			
Internet services, web site			
Business long distance (from home telephone)			
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):  Bank charges			
Dues, publications, books			
Education, seminars, workshops			
Laundry & cleaning of sale items			
Photography			
Printing, copying			
Show Fees			
Shipping (boxes, packing materials,			
tape, labels, postage/shipping fees)			
Trading assistant expenses			
Other			

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Business Cost (including Item

### **EQUIPMENT PURCHASED**

(Computers, furnishings, cameras, copiers, postage machines, scales, scanners, etc.)

Purchased	Purchased	Use %	sales tax)	Traded	Cash Paid	Related	Information
						Property	
corporations) for		ervices re	d to individuals (r ndered to you in yo ed by payer.	our recipient. If	recipient do		enalty can be \$150 per n his/her Social Security he payment(s).
Name		Address		Social Sec	curity #	Amount	Purpose of Payment

# **CAR and TRUCK EXPENSES**

Item

Date

	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**

Traded with

Additional

Other

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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