## FOOD ESTABLISHMENT INCOME & EXPENSE WORKSHEET YEAR \_\_\_\_\_ NAME Federal ID # NAME OF BUSINESS \_\_\_\_\_ ADDRESS OF BUSINESS 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 **I OR** # of hours Is any portion of your investment in this business *not* subject to payback by you? YES 🗆 NO 🛄 **▼ BUSINESS INCOME ▼** OTHER INCOME: ROOM/SPACE RENTAL GROSS SALES OF FOOD, LIQUOR, ... **ADMISSION CHARGES SALES TAX COLLECTED CATERING, BANQUETS RETURNS / REFUNDS / REBATES TIPS** GIFT CERTIFICATES SOLD ▼ 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) ▼ Shipping cost to receive product or materials, if not included in purchases Food, paper PURCHASE OF PRODUCTS FREIGHT-IN products, etc. & SUPPLIES FOR RESALE OTHER COSTS PERSONAL USE (Actual cost of items in purchases used by you or your family) **END OF YEAR** How did you arrive at inventory value? COST OF LABOR Actual Cost ☐ Other (explain) ▼ CAR and TRUCK EXPENSES VEHICLE 1 VEHICLE 2 ✓ BUSINESS MILES (examples) Year and Make of Vehicle Bank trips Date Purchased (month, date and year)> **Business meetings** Ending Odometer Reading (December 31) Out-of-town trips Beginning Odometer Reading (January 1) Purchasing materials/supplies 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) Do not count miles commuting to a Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc. regular place of business as business Lease Costs miles.

## FOOD ESTABLISHMENT EXPENSES (continued)

ADVERTISING/PROMOTION: Ads, business cards,					EXPENSES (AWAY FROM HOME OVERNIGHT):				
greeting cards, etc.					Lodging				
*COMMISSIONS & FEES PAID: Contract labor,					Meals & tips (keep total separate from other costs)				
franchise fee					Convention fees				
EMPLOYEE BENEFITS: Health insurance, company					Cruise ship convention/seminar				
party, mileage reimbursements, etc.					Airplane or train fares				
INSURANCE: Worker's comp, business liability (do not include auto/truck/health)					Auto rental, taxis or bus fares Other (incidentals, laundry, etc.)				
INTEREST: Mortgage (on business bldg.):								etc.)	
Paid to financial institution					MEALS & ENTERTAINMENT: Sales lunches				
Paid to individual					Gifts (limited to \$25 per individual or couple)				
OTHER INTEREST:					Tickets				
(do not include auto or truck)					Tickets to qualified charitable events				
List life insurance loans separately					UTILITIES & TELEPHONE:				
Business only credit card					Electricity (business)				
*LEGAL & PROFESSIONAL: Attorney fees for					Natural gas/heating fuel (business)				
business, accounting fees, bonds, permits, etc.					Garbage, water, sewer (business)				
OFFICE EXPENSE: Postage, stationery, office supplies, bank charges, pens, etc.					Telephone (bus. line, second line, other options)				
PENSION/PROFIT SHARING: Employees only					Business long distance (from home telephone)				
*RENT/LEASE: Machinery and equipment					Faxes, paging svcs, cellular svcs  WAGES: (bring your copy of W-2s/941s if they have				
Other business property					been filed)				
*REPAIRS & MAINTENANCE: Building, equipment,					Wages to spouse (subject to Soc.Sec. and Medicare tax)				
etc. (do not include auto or truck)  SUPPLIES: Misc. (not included elsewhere)					Children under 18 (not subject to Soc.Sec. and Medicare tax)				
Sm.tools, decorations, music, menus					Other				
TAXES: Personal property					OTHER EXPENSES (not listed elsewhere):				
Licenses (not auto/truck)					Bank charges / credit card fees  Delivery services, shipping				
Real estate of business building & land									
Sales tax (if included in gross sales)					Dues & publications				
Payroll (your share Soc.Sec./Medicare)					Education				
TRAVEL (number of nights away):					Fuel for equipment (not auto/truck)				
City Nights out City Nights out					Laundry & cleaning, linen service				
City Nights out City Nights out					Printing & copying				
					Smallware				
City Nights out City Nights out					Web site				
City Nights out City Nights out									
EQUIPMENT PURCHASED									
	Vitaban					_	t fuuniah	ingo oto	
Item	Date	Business	ent, office equipmed Cost (including	Iten		Addition		Traded with Re-	Other
Purchased	Purchased	Use %	sales tax)	Trac		Cash Pa		lated Property	Information
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BUILDOUT EXPENSE / LEASEHOLD IMPROVEMENTS									
Description Date Purchased Cost					t (include sales tax) 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 recipient. If recipient does not furnish you with his/her Social Security									
business, require			recipient. If recipient does not furnish you with his/her Social Security Number, you are required to withhold tax on the payment(s).						
Name Addre			J, pajoi.		•		•	urpose of Payment	
Name Add				Social Security # Amo			ount Pl	urpose or rayment	
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