

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 OR # of hours _____

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

▼ BUSINESS INCOME ▼

GROSS SALES OF FOOD, LIQUOR, ...		OTHER INCOME:	ROOM / SPACE RENTAL	
SALES TAX COLLECTED			ADMISSION CHARGES	
RETURNS / REFUNDS / REBATES			CATERING, BANQUETS	
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) ▼

PURCHASE OF PRODUCTS & SUPPLIES FOR RESALE	Food, paper products, etc.		FREIGHT-IN	Shipping cost to receive product or materials, if not included in purchases	
PERSONAL USE (Actual cost of items in purchases used by you or your family)			OTHER COSTS		
COST OF LABOR			END OF YEAR		
			How did you arrive at inventory value? Actual Cost <input type="checkbox"/> 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			
<i>Continue only if you take actual expense (must use actual expense if you lease)</i>			
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.			Do not count miles commuting to a regular place of business as business miles.
Lease Costs			

FOOD ESTABLISHMENT EXPENSES (continued)

<p>ADVERTISING/PROMOTION: Ads, business cards, greeting cards, etc.</p> <p>*COMMISSIONS & FEES PAID: Contract labor, franchise fee</p> <p>EMPLOYEE BENEFITS: Health insurance, company party, mileage reimbursements, etc.</p> <p>INSURANCE: Worker's comp, business liability (do not include auto/truck/health)</p> <p>INTEREST: Mortgage (on business bldg.): Paid to financial institution Paid to individual</p> <p>OTHER INTEREST: (do not include auto or truck) List life insurance loans separately Business only credit card</p> <p>*LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, etc.</p> <p>OFFICE EXPENSE: Postage, stationery, office supplies, bank charges, pens, etc.</p> <p>PENSION/PROFIT SHARING: Employees only</p> <p>*RENT/LEASE: Machinery and equipment Other business property</p> <p>*REPAIRS & MAINTENANCE: Building, equipment, etc. (do not include auto or truck)</p> <p>SUPPLIES: Misc. (not included elsewhere) Sm.tools, decorations, music, menus</p> <p>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)</p> <p>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 ____</p>	<p>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.)</p> <p>MEALS & ENTERTAINMENT: Sales lunches Gifts (limited to \$25 per individual or couple) Tickets Tickets to qualified charitable events</p> <p>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) Faxes, paging svcs, cellular svcs</p> <p>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</p> <p>OTHER EXPENSES (not listed elsewhere): Bank charges / credit card fees Delivery services, shipping Dues & publications Education Fuel for equipment (not auto/truck) Laundry & cleaning, linen service Printing & copying Smallware Web site</p>
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EQUIPMENT PURCHASED

Kitchen equipment, office equipment, dining & bar equipment, furnishings, etc...

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

BUILDOUT EXPENSE / LEASEHOLD IMPROVEMENTS

Description	Date Purchased	Cost (include sales tax)	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 tax on the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment