

HOUSE CLEANING / JANITORIAL INCOME & EXPENSE WORKSHEET

YEAR _____

NAME _____ Federal ID # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

BUSINESS ACTIVITY (Check all that apply): sales manufacturing service

PRODUCT SOLD OR SERVICE PERFORMED _____

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/RECEIPTS | Include all 1099 income for services performed | | 1099 – MISC. Bring in ALL 1099s received. Include Non-Employee Amount in Gross Sales. Do your records agree with the amount reported? YES <input type="checkbox"/> NO <input type="checkbox"/> Did you receive \$10,000.00 in actual cash from any individual at any one time— <i>or in accumulated amounts</i> — during this tax year? |
| SALES TAX COLLECTED | If not included in above | | |
| RETURNS / REFUNDS | Amount included in Gross Sales that was refunded to your client | | |
| OTHER INCOME | Directly related to your business | | |

▼ 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 |
|------------------|---------------|-----------|-------------------|------------------|---------------|
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▼ BUSINESS EXPENSES (cost of goods sold) ▼

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|--------------------------------|--|--|---|
| PURCHASE OF PRODUCT FOR RESALE | | 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 | | INVENTORY AT END OF YEAR | |
| PURCHASE OF MATERIAL FOR JOBS | | How did you arrive at inventory value? Actual Cost <input type="checkbox"/> Other (explain) _____ | |

▼ CAR and TRUCK EXPENSES ▼

| | 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 | | |
| <i>Continue below if you take actual expense</i> | | |
| Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc. | | |
| Lease Costs | | |

▼ OFFICE in HOME ▼

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|----------------------------|
| 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) |
| Mortgage Interest |
| Real Estate Taxes |
| Utilities/Garbage |
| Insurance |
| Repairs/Maintenance |
| Hours Used Per Week |
| Hours Worked Per Week |

HOUSE CLEANING / JANITORIAL EXPENSES (continued)

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| ADVERTISING/PROMOTION: Ads, business cards, greeting cards, sales aids, catalogs, etc. | |
| *COMMISSIONS & FEES PAID: Contract labor. | |
| EMPLOYEE BENEFITS: Health insurance, company party, mileage reimbursements, etc. | |
| INSURANCE: Worker's Comp, business liability (do not include auto/truck/health) | |
| INTEREST: Paid to financial institution (Mortgage) 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. | |
| OFFICE EXPENSE: Postage, stationery, office supplies, computer supplies, 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: Mops, brooms, brushes, buckets Cleaners, polishes, rags, sponges Safety equip., first aid kit, lights, etc. Trash & vac. bags, extension cords | |
| 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) | |
| 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 ____ | |

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| 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 Tickets to qualified charitable events | |
| UTILITIES & TELEPHONE (business building): Electricity, water, sewer, garbage (business) Natural gas/heating fuel (business) Telephone (bus. line, second line, other options) Faxes, paging svcs, cellular svcs, online svcs 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) Wages to children under 18 (not subject to Soc.Sec. and Medicare tax) Other | |
| OTHER EXPENSES (not listed elsewhere): Bank charges, credit card machine Dues & publications Education, manuals Fuel for equipment (not truck/auto) Laundry & cleaning Printing & copying Shipping, courier services Trade show fees Uniforms, boots/shoes, aprons, gloves | |

EQUIPMENT PURCHASED

(Floor polisher, vacuum cleaners, wet/dry vac, ladders, lights, space heaters, fans, "wet floor" signs, carts, storage cabinets, furniture)

| 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 may apply. 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 |
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Sign here _____