

**MASSAGE/BODY WORK INCOME & EXPENSE WORKSHEET** **YEAR** \_\_\_\_\_

**NAME** \_\_\_\_\_ **Federal ID #** \_\_\_\_\_

**NAME OF PRACTICE** \_\_\_\_\_

**ADDRESS OF YOUR PRACTICE** \_\_\_\_\_

How many months was this practice 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 practice? FULL TIME  **OR** # of hours \_\_\_\_\_

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

▼ **BUSINESS INCOME** ▼

<b>INCOME FROM SERVICES</b>	Include all income for services provided	<b>1099 – MISC.</b> 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—or in accumulated amounts—during this tax year?
<b>INCOME FROM PRODUCT SALES</b>		
<b>RETURNS/REFUNDS</b>	Amount included in Gross Sales that was refunded	
<b>OTHER INCOME</b>	Directly related to your practice	

▼ **Sales of Equipment, 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)** ▼

<b>TOTAL COST OF PRODUCT &amp; SUPPLIES FOR RESALE</b>		<b>FREIGHT-IN</b> Shipping cost to receive product or materials, if not included in purchases
		<b>INVENTORY AT END OF YEAR</b>
<b>PERSONAL USE:</b> Actual cost of above items used by you and your family		How did you arrive at inventory value? Your Actual Cost <input type="checkbox"/> Lower of Cost or Market Value <input type="checkbox"/>

▼ **CAR and TRUCK EXPENSES** ▼

(for calling on customers, making deliveries, picking up goods, attending meetings)

	VEHICLE 1	VEHICLE 2
<b>Year and Make of Vehicle</b>		
<b>Date Purchased (month, date and year)</b>		
Ending Odometer Reading (December 31)		
Beginning Odometer Reading (January 1)	–	–
<b>Total Miles Driven</b> (End Odo – Begin Odo)		
<b>Total Business Miles</b> (do you have another vehicle?)		
<b>Total Commuting Miles</b>		
<b>Parking Fees and Tolls</b>		
<b>License Plates</b>		
<b>Interest</b>		
<i>Continue below if you take actual expense (must use actual expenses if you lease)</i>		
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.		
<b>Lease Costs</b>		

▼ **OFFICE in HOME** ▼

<b>Date Acquired Home</b>
<b>Total Cost</b>
<b>Cost Of Land</b>
<b>Cost Of Improvements</b>
<b>Sq. Footage Of Home</b>
<b>Sq. Footage Of Office Area</b>
<b>Rent Paid (If You Rent)</b>
<b>Interest</b>
<b>Taxes</b>
<b>Utilities/Garbage</b>
<b>Insurance</b>
<b>Repairs/Maintenance</b>
<b>Hours Used Per Week</b>
<b>Hours Worked Per Week</b>

## MESSAGE/BODY WORK EXPENSES (continued)

<p><b>ADVERTISING/PROMOTION:</b> Ads, business cards, promotional items, mailings, etc.</p> <p><b>*COMMISSIONS &amp; FEES PAID:</b></p> <p><b>EMPLOYEE BENEFITS:</b> Health insurance, company party, mileage reimbursements, etc.</p> <p><b>INSURANCE:</b> Worker's comp, business liability (do not include auto/truck/health)</p> <p><b>INTEREST:</b>     Mortgage (on business bldg.)                     Paid to financial institution                     Paid to individual</p> <p><b>OTHER INTEREST:</b>                     (do not include auto or truck)                     Business loans                     Business-only credit card</p> <p><b>*LEGAL &amp; PROFESSIONAL:</b> Attorney fees for business, accounting, consulting, bonds, permits, etc.</p> <p><b>OFFICE EXPENSE:</b> Postage, stationery, office supplies, bank charges, pens, etc.</p> <p><b>PENSION/PROFIT SHARING:</b> Employees only</p> <p><b>*RENT/LEASE:</b>   Machinery and equipment                           Other business property</p> <p><b>*REPAIRS &amp; MAINTENANCE:</b> Building, equipment, etc. (do not include auto or truck)</p> <p><b>SUPPLIES:</b>       Linens, gowns, oils, music, aromatherapy, medical                           Misc. (not included elsewhere)</p> <p><b>TAXES:</b>         Licenses (not auto/truck)                       Real estate of business building &amp; land                       Sales tax (if included in gross sales)                       Payroll (your share Soc.Sec./Medicare)</p> <p><b>TRAVEL</b> (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><b>EXPENSES (AWAY FROM HOME OVERNIGHT):</b> Lodging Meals &amp; 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><b>MEALS &amp; ENTERTAINMENT:</b> Business meals Gifts (limited to \$25 per individual or couple) Tickets</p> <p><b>UTILITIES &amp; TELEPHONE:</b> Electricity (business bldg.) Natural gas/heating fuel (business bldg.) Garbage, water, sewer (business bldg.) Telephone (bus. line, second line, fax line, other) Business long distance (from home telephone) Internet costs Cellular services, paging services</p> <p><b>WAGES:</b>       (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><b>OTHER EXPENSES</b> (not listed elsewhere): Professional journals &amp; publications Uniforms &amp; upkeep Union &amp; professional dues Education, seminars Reference books Lab fees Printing &amp; copying Laundry services Shipping (product to customer)</p>
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## EQUIPMENT PURCHASED

(Message table, computers, office equipment, heat lamps, furnishings)

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 tax on the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment