

# Direct Sellers Income & Expense Worksheet

Isenhart Tax & Financial Services 119 West Main Belleville, IL 62220  
 Ph. 618-234-5958 Fax. 618-234-6839 [www.isntax.com](http://www.isntax.com)



Year \_\_\_\_\_

Name \_\_\_\_\_ Federal ID # \_\_\_\_\_

Name of Company You Sell For \_\_\_\_\_

Address of Business \_\_\_\_\_

Product Sold \_\_\_\_\_

Your Percentage of Discount on Purchases \_\_\_\_\_

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 hrs \_\_\_\_\_

Is any portion of your investment in this business not subject to playback by you? Yes  No

Income from Sales:	Payments you receive from customers for products or samples they buy from you.	
Commissions, Bonuses, Percentages:	Amounts you receive from the company for sales and the sales of others under you.	
Prizes, Awards and Gifts you receive for any reason for selling:		

## 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)

PRODUCTS FOR RESALE		Freight- In Shipping cost to receive product or materials	
PERSONAL USE		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)	

	vehicle 1	vehicle 2
Year and Make of Vehicle		
Date Purchased (mdy)		
Ending Odometer Reading (Dec 31)		
Beginning Odometer Reading (Jan 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 only if you take actual expenses.		
Gas, oil, lube, repairs, tires, batteries, insurance, etc.		
Lease Cost		

Office must be focal point of business.	
Date acquired home	_____
Total Cost	_____
Cost of Land	_____
Cost of Improvements	_____
Sq. Footage of Land	_____
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	_____

## ORDINARY & NECESSARY BUSINESS EXPENSES (continued)

<b>Advertising Promotion*</b>	<b>Expenses* (Away from home overnight)</b>
<b>Commissions &amp; Fees Paid*</b>	Lodging
<b>Employee Benefits:</b>	Meals & Tips (separate from other costs)
<b>Employee Insurance</b>	Other:
<b>Owner / Employer Insurance</b>	Convention Fees
<b>Business &amp; Liability</b>	Airplane or train fares
<b>Interest: Mortgage Paid to Financial Inst.</b>	Auto Rental, taxis or bus fare
Paid to Individual	<b>Meals &amp; Entertainment*</b>
<b>Other Interest: (Do not include auto or truck)</b>	Business Meals
List Life insurance loans separately	Gifts (Limit \$25 per individual or couple)
Business <i>only</i> credit card	Tickets
<b>Legal and Professional:</b>	Tickets to charitable events
<b>Office Expense:</b>	<b>Utilities &amp; Telephone</b>
<b>Pension/Profit Sharing</b>	Electricity (business)
<b>Rent/Lease: Machinery</b>	Natural gas/heating fuel (business)
Station rent	Garbage, water, sewer (business)
Other bus. property, storage fee	Telephone
<b>Repairs &amp; Maintenance:</b>	Business Long Distance
<b>Supplies: Misc. Not included elsewhere</b>	Faxes, paging service, cellular svc
Small tools, batteries, film	<b>Wages: copy of W-2s/941 if filed</b>
<b>Taxes: Personal Property</b>	<b>Other expenses:</b>
Licenses (not auto or truck)	Bank Charges
Real Estate of business bldg & Lnd	Credit card fees
Payroll	Prof. dues, publications
<b>Travel: (number of nights away)</b>	Education & Workshops
City _____ Nights Out _____ City _____ Nights Out _____	Absorbed costs
City _____ Nights Out _____ City _____ Nights Out _____	Online services
<b>Laundry and Cleaning</b>	<b>Fuel for Equipment</b>
<b>Printing and Copying</b>	Dues and Publications
	Other:

### Equipment

Item Purchased	Date Purchased	Cost (excluding sales tax)	Item Traded	Additional Cash Paid	Business Use	Other Information

1099s: Amounts of \$600 or more paid to individuals (not corporation) 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 31% of the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment

Sign here \_\_\_\_\_