

# Carpenter Income Worksheet

BUSINESS CODE (238310)



**Did you receive a 1099Misc? Circle One: YES NO**

If so, what is the amount of income shown on the 1099M? \_\_\_\_\_

**What is your occupation (be specific)?** \_\_\_\_\_

Where do you conduct the business? **Circle One: HOME TRAVEL OTHER**

If OTHER, please explain: \_\_\_\_\_

How many weeks/months in business during the year? \_\_\_\_\_ Did you use invoices? \_\_\_\_\_

How many customers per week/month? \_\_\_\_\_

Who paid you? (Customer or name of another contractor) \_\_\_\_\_

Do you deposit the money from the business into a bank account? **Circle One: YES NO**

If yes, do you have bank statements or the deposit tickets? **Circle One: YES NO**

**Total Income for the year? \$** \_\_\_\_\_

**Do you have expenses? Circle One: YES NO**

If YES, continue to page 2.

If NO, please explain: \_\_\_\_\_

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# Carpenter Expense Worksheet



ENTER AMOUNT  
OR N/A

\_\_\_\_\_

## Vehicle Expense: (Standard Mileage Rate)

Business Miles Only [From Mileage Log Worksheet]

\_\_\_\_\_ total business miles x 54.5¢ per mile = \_\_\_\_\_

\_\_\_\_\_

## Per Diem (For Meals & Incidental Expenses While Away Overnight)

# of Days away overnight: \_\_\_\_\_ x \$57.00 = \_\_\_\_\_ (Amt. to enter on Line)

\_\_\_\_\_

## Travel Expenses: (Business Travel only – actual costs)

\_\_\_\_\_ Lodging (hotel or motel costs)

\_\_\_\_\_ Car Rental

\_\_\_\_\_

## Office Supplies

\_\_\_\_\_

Supplies required for work

\_\_\_\_\_

Cell Phone (exclusively used for business purposes)

\_\_\_\_\_

Safety Equipment (steel-toed boots, safety glasses, etc.)

\_\_\_\_\_

Small Tools and Equipment

\_\_\_\_\_

Uniforms (If Required for work)

\_\_\_\_\_

Repairs, Maintenance of Business Equipment

\_\_\_\_\_

Union Dues or Trade Association Fees

\_\_\_\_\_

Subscriptions to Trade Publications

\_\_\_\_\_

Contract Labor (amounts over \$600 paid to an individual must have a 1099M issued)

\_\_\_\_\_

Legal Fees and Professional Fees

\_\_\_\_\_

Advertising Expenses

\_\_\_\_\_

Business Insurance Premiums (other than Health Insurance)

\_\_\_\_\_

Other Expenses: Please List specific information on the back of this page.

For Use ONLY if Standard Mileage Rate, (above) HAS NOT been used.

### **Actual Expenses**

\_\_\_\_\_ Fuel costs  
\_\_\_\_\_ Parking Fees and Tolls  
\_\_\_\_\_ Insurance  
\_\_\_\_\_ Oil and tires  
\_\_\_\_\_ Vehicle Repairs  
\_\_\_\_\_ License and Registration

### **Vehicle Depreciation Information**

Type of Vehicle \_\_\_\_\_  
Purchase Date \_\_\_\_\_  
Purchase Price \_\_\_\_\_

\_\_\_\_\_  
TAXPAYER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE SIGNATURE

\_\_\_\_\_  
DATE

Tax Preparer Signature: \_\_\_\_\_

Taxpayer must keep all receipts and documentation for this tax return for 5 years