

Carpet & Floor Installation Income Worksheet

Business Code (238330)



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: _____

Carpet & Floor Installation Expense Worksheet



ENTER AMOUNT
OR N/A

_____ **Vehicle Expense: (Standard Mileage Rate)**

Business Miles Only [From **Mileage Log Worksheet**]

_____ total business miles x 58¢ per mile =

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

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

_____ **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

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