

Retail Sales Income Worksheet

Business Code 454390



Did you receive any 1099Misc forms? Circle One: YES NO

If so, what is the amount of income shown on the 1099Ms? _____

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? _____

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**

What did you sell? _____

Do you keep inventory on hand? **Circle One: YES NO**

If YES, how much inventory did you have on Jan 1, 2019? _____

Did you purchase or make additional items during 2019? _____

If you did purchase or make the items during 2019 what was their cost to purchase or make?

_____ How much inventory did you have on Dec 31, 2019? _____

Approximately how many customers did you serve during the year? _____

What is the approximate average sale to each customer? _____

What was your total income from sales for the year? \$ _____

Do you have expenses? Circle One: YES NO

If YES, continue to page 2.

If NO, please explain: _____

Retail Sales 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 = _____

_____ **Cost of Goods Sold** [for sales]

Beginning Inventory at Start of Year _____ [-0- if new Business]
[From Last Year Tax Return?]

Purchases of Items Available for Sale _____

Ending Inventory (Dec 31st) _____
[Should be Physical Inventory]

_____ **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

_____ Other

_____ **Office Supplies**

_____ **Supplies** (related to sales)

_____ **Tools & Materials**

_____ **Cell Phone** (exclusively used for business purposes)

_____ **Uniforms (If Required)**

_____ **Dues or Trade Association Fees**

_____ **Subscriptions Publications** (related to business)

_____ **State and Local Govt. Licensing**

_____ **Advertising Expenses**

_____ **Building/Booth/Space Rent or Lease**

_____ **Equipment Rent or Lease**

_____ **Liability Insurance Premiums**

_____ **Professional Fees** (Bookkeeping, Acctg, Legal Advice)

_____ **Other Expenses:** Please Listspecifics on the back of this form

_____ TAXPAYER SIGNATURE

_____ DATE

_____ SPOUSE SIGNATURE

_____ DATE

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