

ONLINE SALES INCOME & EXPENSE WORKSHEET

YEAR _____

NAME _____ Federal ID # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

PRODUCT SOLD _____

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 hours _____Is any portion of your investment in this business *not* subject to payback by you? YES NO

▼ BUSINESS INCOME ▼

| | | | | |
|---|--------------------------|-------------------|---|--|
| GROSS SALES OF PROPERTY YOU PURCHASED FOR RESALE | | RETURNS / REFUNDS | Amount included in Gross Sales that was refunded to your client | |
| GROSS SALES OF PROPERTY YOU ORIGINALLY PURCHASED FOR PERSONAL USE | | OTHER INCOME | Directly related to your business | |
| SALES TAX COLLECTED | If not included in above | | | |

▼ Sales of Equipment Held for Business Use ▼

| Kind of Property | Date Acquired | Date Sold | Gross Sales Price | Expenses of Sale | Original Cost |
|------------------|---------------|-----------|-------------------|------------------|---------------|
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▼ BUSINESS EXPENSES (cost of goods sold) ▼

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|---|---|--|---------------|--------------|
| PURCHASE OF PRODUCT & SUPPLIES FOR RESALE | | PRODUCTS PURCHASED FOR PERSONAL USE & ADDED TO INVENTORY | | |
| PERSONAL USE | Actual cost of items in purchases used by you or your family | INVENTORY AT END OF YEAR | Original Cost | Market Value |
| FREIGHT-IN | Shipping cost to receive product or materials, if not included in purchases | How did you arrive at inventory value? Actual Cost <input type="checkbox"/> Other (explain) _____ | | |
| OTHER COSTS | | | | |

▼ CAR and TRUCK EXPENSES ▼

| | VEHICLE 1 | VEHICLE 2 |
|--|-----------|-----------|
| Year and Make of Vehicle | | |
| Date Purchased (month, date and year) | | |
| Ending Odometer Reading (December 31) | | |
| Beginning Odometer Reading (January 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 | | |
| <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. | | |
| Lease Costs | | |

▼ OFFICE in HOME ▼

| |
|----------------------------|
| Date Acquired Home |
| Total Cost |
| Cost Of Land |
| Cost Of Improvements |
| 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 |

ONLINE SALES EXPENSES (continued)

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| ADVERTISING/PROMOTION: Ads, business cards, promotional giveaways, greeting cards, exposure costs (homepage, features), etc. | |
| EMPLOYEE BENEFITS: Health insurance, company party, mileage reimbursements, etc. | |
| FEES PAID: Listing fees | |
| Display fees (borders, lettering, highlighting, photos) | |
| Grading fees, appraisals | |
| PayPal, credit card service fees, etc. | |
| INSURANCE: Worker's comp, business liability (do not include auto/truck/health) | |
| INTEREST: | Mortgage (on business bldg.): Paid to financial institution Paid to individual |
| OTHER INTEREST: (do not include auto or truck) | List life insurance loans separately Business-only credit card |
| *LEGAL & PROFESSIONAL: Attorney fees for business, accounting fees, bonds, permits, etc. | |
| OFFICE EXPENSE: Stationery, office supplies, pens, etc. | |
| PENSION/PROFIT SHARING: Employees only | |
| *RENT/LEASE: | Machinery and equipment Ebay (or other site) store rent Other business property, storage |
| *REPAIRS & MAINTENANCE: Building, equipment, etc. (do not include auto or truck) | |
| SUPPLIES: | Misc. (not included elsewhere) Small tools |
| TAXES: | Licenses (not auto/truck) Real estate of business building & land Sales tax (if included in gross sales) Payroll (your share Soc.Sec./Medicare) |
| TRAVEL (number of nights away): | |
| City _____ Nights out ____ | City _____ Nights out ____ |
| City _____ Nights out ____ | City _____ Nights out ____ |
| City _____ Nights out ____ | City _____ Nights out ____ |

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| EXPENSES (AWAY FROM HOME OVERNIGHT): | |
| Lodging | |
| Meals & 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.) | |
| MEALS & ENTERTAINMENT: | |
| Business meals | |
| Gifts (limited to \$25 per individual or couple) | |
| Tickets | |
| UTILITIES & TELEPHONE: | |
| Electricity (business bldg.) | |
| Natural gas/heating fuel (business bldg.) | |
| Garbage, water, sewer (business bldg.) | |
| Telephone (bus. line, second line, fax line, other) | |
| Internet services, web site | |
| Business long distance (from home telephone) | |
| Cellular services, paging services | |
| WAGES: | (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 |
| OTHER EXPENSES (not listed elsewhere): | |
| Bank charges | |
| Dues, publications, books | |
| Education, seminars, workshops | |
| Laundry & cleaning of sale items | |
| Photography | |
| Printing, copying | |
| Show Fees | |
| Shipping (boxes, packing materials, tape, labels, postage/shipping fees) | |
| Trading assistant expenses | |
| Other | |

EQUIPMENT PURCHASED

(Computers, furnishings, cameras, copiers, postage machines, scales, scanners, etc.)

| Item Purchased | Date Purchased | Business Use % | Cost (including sales tax) | Item Traded | Additional Cash Paid | Traded with Related Property | Other Information |
|----------------|----------------|----------------|----------------------------|-------------|----------------------|------------------------------|-------------------|
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*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 |
|------|---------|-------------------|--------|--------------------|
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