**MASSAGE/BODY WORK INCOME & EXPENSE WORKSHEET** **YEAR**\_\_\_\_\_\_\_\_\_

**NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Federal ID #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF PRACTICE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS OF YOUR PRACTICE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many months was this practice 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 practice? FULL TIME ❏ **OR** # of hours \_\_\_\_\_\_ Is any portion of your investment in this practice not subject to payback by you? YES ❏ NO ❏

 **BUSINESS INCOME** 

|  |  |  |  |
| --- | --- | --- | --- |
| **INCOME FROM SERVICES** | Include all income for services provided |  | **1099 – MISC.** Bring in ALL 1099s received. Include Non-Employee Amount in Gross Sales. |
| **INCOME FROM PRODUCT SALES** |  |  | Do your records agree YES ❏ with the amount reported? NO ❏  Did you receive $10,000.00 in actual cash from any  individual at any one time—or in accumulated amounts—during this tax year? |
| **RETURNS/REFUNDS** | Amount included in Gross Sales that was refunded |  |
| **OTHER INCOME** | Directly related to your practice |  |

 **Sales of Equipment, Land, Buildings 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)** 

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TOTAL COST OF PRODUCT & SUPPLIES FOR RESALE |  | Shipping cost to receive product or FREIGHT-IN materials, if not included in purchases | |  |
| INVENTORY AT END OF YEAR |  | |
| How did you arrive at inventory value?  Your Actual Cost ❏ Lower of Cost or Market Value ❏ | | |
| PERSONAL USE: Actual cost of above items used by you and your family |  |

 **CAR and TRUCK EXPENSES**   **OFFICE in HOME**

(for calling on customers, making deliveries, picking up goods, attending meetings)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VEHICLE 1** | | **VEHICLE 2** |  | **Date Acquired Home** |
| **Year and Make of Vehicle** |  |  | **Total Cost** |
| **Date Purchased (month, date and year)** |  |  | **Cost Of Land** |
| Ending Odometer **Reading (December 31)** | – | – | **Cost Of Improvements** |
| Beginning Odometer **Reading (January 1)** | **Sq. Footage Of Home** |
| **Total Miles Driven (**End Odo – Begin Odo**)** |  |  | **Sq. Footage Of Office Area** |
| **Total Business Miles (do you have another vehicle?)** |  |  | **Rent Paid (If You Rent)** |
| **Total Commuting Miles** |  |  | **Interest** |
| **Parking Fees and Tolls** |  |  | **Taxes** |
| **License Plates** |  |  | **Utilities/Garbage** |
| **Interest** |  |  | **Insurance** |
| **Continue below if you take actual expense (must use actual expenses if you lease)** | | | **Repairs/Maintenance** |
| **Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.** |  |  | **Hours Used Per Week** |
| **Lease Costs** |  |  | **Hours Worked Per Week** |

**MASSAGE/BODY WORK EXPENSES (continued)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **ADVERTISING/PROMOTION:** Ads, business cards, promotional items, mailings, etc. |  | | \***COMMISSIONS & FEES PAID:** |  | | **EMPLOYEE BENEFITS:** Health insurance, company party, mileage reimbursements, 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) |  | | Business loans |  | | Business-only credit card |  | | \***LEGAL & PROFESSIONAL:** Attorney fees for business, accounting, consulting, bonds, permits, etc. |  | | **OFFICE EXPENSE:** Postage, stationery, office supplies, bank charges, pens, etc. |  | | **PENSION/PROFIT SHARING:** Employees only |  | | \***RENT/LEASE:** Machinery and equipment |  | | Other business property |  | | \***REPAIRS & MAINTENANCE:** Building, equipment, etc. (do not include auto or truck) |  | | **SUPPLIES:** Linens, gowns, oils, music, aromatherapy, medical |  | | MIsc. (not included elsewhere) |  | | **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 \_\_\_  City\_\_\_\_\_\_\_\_\_ Nights out \_\_\_ City\_\_\_\_\_\_\_\_\_ Nights out \_\_\_ | | | |  |  | | --- | --- | | **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) |  | | Business long distance (from home telephone) |  | | Internet costs |  | | Cellular services, paging services |  | | **WAGES:** (been filed)bring your copy of W-2s/941s if they have |  | | 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):  Professional journals & publications |  | | Uniforms & upkeep |  | | Union & professional dues |  | | Education, seminars |  | | Reference books |  | | Lab fees |  | | Printing & copying |  | | Laundry services |  | | Shipping (product to customer) |  | |

**EQUIPMENT PURCHASED**

(Massage table, computers, office equipment, heat lamps, furnishings)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Due date of return is January 31. Nonfiling penalty can be $150 per corporations) for rent, interest, or services rendered to you in your recipient. If recipient does not furnish you with his/her Social Security business, require information returns to be filed by payer. Number, you are required to withhold tax on the payment(s).

Name Address Social Security # Amount Purpose of Payment