

# Worksheet for : Partnership, LLC, Corporation

**Business Name:** \_\_\_\_\_ New Business  Yes  
**Principal Business Activity:** \_\_\_\_\_  Quickbooks file  
**Business Address:** \_\_\_\_\_  
**Federal ID #** \_\_\_\_\_ **Business Start Date** \_\_\_\_\_  
**Entity Type:**  Ptrship  LLC  S-Corp  C-Corp **Accounting Method**  Cash  Accrual

**OWNERSHIP: (Enter if new company or changes to existing company)**

Name	Address	SS#	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**INCOME:**

Gross Receipts/Sales \$ \_\_\_\_\_  
 Returns/Refunds/Discounts \_\_\_\_\_

**Cost of Goods Sold (COGS)**

Method  Cash  Lower of Cost/Market  Other \_\_\_\_\_

Beginning Inventory \$ \_\_\_\_\_  
 Purchases + \_\_\_\_\_  
 Cost of Labor + \_\_\_\_\_  
 Materials/Supplies + \_\_\_\_\_  
 Other Costs + \_\_\_\_\_  
 Subtotal = \_\_\_\_\_  
 Ending Inventory - \_\_\_\_\_  
 COGS = \_\_\_\_\_

Cost of Goods Sold - \_\_\_\_\_ ←  
 Gross Profit (subtotal) = \_\_\_\_\_

**Other Income:**

Interest Income + \_\_\_\_\_  
 Dividend Income \_\_\_\_\_  
 Misc \_\_\_\_\_

**Adj Gross Income** = \$ \_\_\_\_\_

**EXPENSES:**

Officer Compensation (Corp) _____	Depreciation _____
Guaranteed Payments (LLC) _____	Depletion _____
Salaries & Wages _____	Employee Benefits: _____
Repairs & Maintenance _____	Retirement Plans _____
Rent _____	Health Insurance _____
Tax & License: _____	Other _____
Business License _____	Total Other Deductions (Pg 2) _____
Payroll Taxes _____	
Property Taxes _____	
Interest _____	<b>NET INCOME/(LOSS)</b> _____

**OTHER DEDUCTIONS:**

Accounting	_____	Postage	_____
Advertising	_____	Printing	_____
Amortization	_____	Security	_____
Auto/Truck Expenses	_____	Supplies	_____
Bank Charges	_____	Telephone	_____
Cleaning	_____	Tools	_____
Commissions	_____	Training/Continuing Ed	_____
Computer Service/Supplies	_____	Travel	_____
Credit/Collection Costs	_____	Uniforms	_____
Delivery/Freight	_____	Utilities	_____
Discounts	_____	Other:	
Dues/Subscriptions	_____	Dump Fees	_____
Equipment Rent	_____	Internet	_____
Gifts	_____	Lawn Care	_____
Insurance	_____	Merchant Fees	_____
Janitorial	_____	Unemployment	_____
Laundry/Cleaning	_____	Workers Comp	_____
Legal/Professional Fees	_____	_____	_____
Meals @ 50%	_____	_____	_____
Meals @ 80%	_____	_____	_____
Meals @ 100%	_____	_____	_____
Miscellaneous	_____	_____	_____
Office Expense	_____	_____	_____
Outside Services	_____	_____	_____
Parking/Tolls	_____	<b>TOTAL OTHER DEDUCTIONS</b>	_____
Permits/Fees	_____		_____

**Vehicle Information**

#1 Desc. \_\_\_\_\_ Date in svc \_\_\_\_\_ Beg. Odometer \_\_\_\_\_  
 Business miles 01/01-06/30 \_\_\_\_\_ 07/01-12/31 \_\_\_\_\_ End Odometer \_\_\_\_\_  
 Total miles \_\_\_\_\_  
 Gas/Oil/Repairs/Insurance \$ \_\_\_\_\_  
 License/Registration \_\_\_\_\_  
 Lease/Rental Payments \_\_\_\_\_  
 Deprecation/Sec. 179 basis \_\_\_\_\_

#2 Desc. \_\_\_\_\_ Date in svc \_\_\_\_\_ Beg. Odometer \_\_\_\_\_  
 Business miles 01/01-06/30 \_\_\_\_\_ 07/01-12/31 \_\_\_\_\_ End Odometer \_\_\_\_\_  
 Total miles \_\_\_\_\_  
 Gas/Oil/Repairs/Insurance \$ \_\_\_\_\_  
 License/Registration \_\_\_\_\_  
 Lease/Rental Payments \_\_\_\_\_  
 Deprecation/Sec. 179 basis \_\_\_\_\_

**DEPRECIATION OF NEW EQUIPMENT**

Asset _____	Date in Svc _____	Basis \$ _____	Sec 179
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

ENDING BANK BALANCE \$ \_\_\_\_\_

ACCT/RCVB \$ \_\_\_\_\_

ACCT/PAY \$ \_\_\_\_\_