For multiple businesses: Please complete one worksheet for each business.

## Business Income for

1099 Payments: The IRS requires a business to issue a Form 1099-MISC to each person the business
has paid at least $\$ 600$ for services, rents, or other income.
Did you make any payments that would require you to file Form(s) 1099? Yes or No
If 'Yes,' did you or will you file all required Forms 1099?

You do not need to complete this column if you are providing us
with financial statements or your QuickBooks accounting file.

## INCOME

COST OF GOODS SOLD/ PURCHASES EXPENSES
Accounting
Advertising
Bank charges
Commissions paid out
Contract labor costs
Delivery \& freight
Dues \& subscriptions
Employee benefit programs
Insurance (other than health)
Interest on business loans
Janitorial
Legal \& professional costs
Meals \& entertainment (in full)
Miscellaneous expense
Office expense
Outside services costs
Postage
Printing
Rent-office, warehouse, storage
Rent-equipment
Repairs \& maintenance
Security
Supplies
Taxes-payroll
Taxes-sales tax included in income
Taxes-other (property)
Telephone
Tools (<\$2500- each tool)
Travel (business)
Uniforms
Utilities
Wages paid out (send W-3 please) Other expenses:

Equipment or Asset Purchases
(>\$2500 per item)
Please provide new asset purchases below.
Description/ Date purchased/Cost

|  |
| :--- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |


| Vehicle Use (if applicable) |  |
| :--- | :--- |
| Is this your only vehicle? | Yes or No |
| Written evidence for business use? Yes or No |  |
| Year and model of vehicle |  |
| Business miles |  |
| Commuting miles |  |
| Personal miles |  |
| Total miles for the year |  |
| Auto loan interest |  |
| If not taking the mileage allowance and electing to deduct |  |
| actual costs instead, please complete the following for your |  |
| vehicle costs: |  |
| Actual cost: |  |
| Fuel costs |  |
| Maint \& repair |  |
| Insurance |  |
| Other |  |


| Business Use of Home (if applicable) |  |
| :--- | :---: |
| Must be used EXCLUSIVELY and REGULARLY |  |
| as your principal place of business. Other criteria |  |
| may apply. |  |
| Business use area in sq ft |  |
| Total area of home in sq ft |  |
| Insurance |  |
| Utilities |  |
| Other expenses: |  |

## Rental Income (Sch E or F8825) Rental address

> 1099 Payments: The IRS requires a business to issue a Form 1099-MISC to each person the business has paid at least $\$ 600$ for services, rents, or other income.
> Did you make any payments that would require you to file Form(s) 1099 ? Yes or No
> If 'Yes,' did you or will you file all required Forms 1099 ?

| You do not need to complete this column if you are providing us <br> with financial statements or your QuickBooks accounting file. |  |
| :--- | :--- |
| Rents Received | \$ |
| EXPENSES |  |
| Advertising |  |
| Association dues |  |
| Bank charges |  |
| Cleaning and maintenance |  |
| Commissions paid out |  |
| Contract labor |  |
| Gardening |  |
| Insurance (other than health) |  |
| Interest on business loans |  |
| Legal and professional costs |  |
| Licenses and permits |  |
| Management fees |  |
| Miscellaneous expense |  |
| Mortgage interest (from 1098) |  |
| Painting and decorating |  |
| Pest control |  |
| Plumbing and electrical |  |
| Repairs-Minor |  |
| Supplies |  |
| Taxes - property |  |
| Telephone |  |
| Utilities |  |
| Other expenses: |  |
|  |  |
|  |  |
|  |  |
|  |  |


| Details and amounts of major repairs and improvements |  |
| :--- | :--- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Number of days rented: $\qquad$
$\qquad$

| Equipment or Asset Purchases <br> ( $>\$ 2500$ per item) |
| :---: |
| Please provide new asset purchases below. |
| Description/ Date purchased/Cost |


| Vehicle Use (if applicable) |  |
| :--- | :--- |
| Is this your only vehicle? | Yes or No |
| Written evidence for business use? Yes or No |  |
| Year and model of vehicle |  |
| Business miles |  |
| Commuting miles |  |
| Personal miles |  |
| Total miles for the year |  |
| Auto loan interest | If not taking the mileage allowance and electing to |
| deduct actual costs instead, please complete the |  |
| following for your vehicle costs: |  |
| Actual cost: |  |
| Fuel costs |  |
| Maint \& repair |  |
| Insurance |  |
| Other |  |
| Business Use of Home (if applicable) |  |
| Must be used EXCLUSIVELY and REGULARLY |  |
| as your principal place of business. Other criteria |  |
| may apply. |  |
| Business use area in sq ft |  |
| Total area of home in sq ft |  |
| Insurance |  |
| Utilities |  |
| Other Expenses: |  |

## 1040 Farming Business (Sch. F) Principal Activity or Crop

1099 Payments: The IRS requires a business to issue a Form 1099-MISC to each person the business has paid at least $\$ 600$ for services, rents, or other income.

Did you make any payments that would require you to file Form(s) 1099?
If 'Yes,' did you or will you file all required Forms 1099?

You do not need to complete this column if you are providing us
with financial statements or your QuickBooks accounting file.

## INCOME

Sale of purchased livestock

| Cost of sold livestock |
| :--- |
| Sale of homebred livestock |
| Sale produce |

Sale of produce, grains, etc.
Cooperative dist. 1099-PATR
Crop insurance proceeds
Other income:

## EXPENSES

Chemicals
Custom hire (machine work)
Employee benefit programs

Feed purchased
Fertilizers and lime
Freight and trucking
Gasoline, fuel, oil (for wk. equip)
Insurance (other than health)
Interest on business loans
Labor hired
Mortgage interest (from 1098)
Rent or lease - land
Rent or lease - mach. \& equip.
Repairs and maintenance
Seeds and plants purchased
Storage and warehousing
Supplies
Taxes - property
Tools (<\$2500- each tool) Utilities
Veterinary, breeding \& medicine Other expenses:

Total expenses

| Equipment or Asset Purchases <br> ( $>\$ 2500$ per item) |
| :---: |
| Please provide new asset purchases below. |
| Description/ Date purchased/Cost |


| Vehicle Use (if applicable) |  |
| :--- | :--- |
| Is this your only vehicle? | Yes or No |
| Written evidence for business use? Yes or No |  |
| Year and model of vehicle |  |
| Business miles |  |
| Commuting miles |  |
| Personal miles |  |
| Total miles for the year |  |
| Auto loan interest | If not taking the mileage allowance and electing to |
| deduct actual costs instead, please complete the |  |
| following for your vehicle costs: |  |
| Actual cost: |  |
| Fuel costs |  |
| Maint \& repair |  |
| Insurance |  |
| Other |  |


| Business Use of Home (if applicable) |  |
| :--- | :--- |
| Must be used EXCLUSIVELY and REGULARLY <br> as your principal place of business. Other criteria <br> may apply. <br> Business use area in sq ft <br> Total area of home in sq ft <br> Insurance <br> Utilities <br> Other Expenses: |  |
|  |  |

## 8283 Worksheet - Noncash Charitable Contributions

## Information on Donated Property

Description of donated property
(for donated vehicle, enter year, make, model, condition \& mileage,
Name \& Address of Donee Organization VIN, unless Form 1098-C is attached)



