

ATTORNEY'S INCOME & EXPENSE WORKSHEET

YEAR _____

NAME _____ Federal ID # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

TYPE OF LEGAL SERVICE PERFORMED _____

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

▼ GROSS RECEIPTS ▼

NOTE: The IRS is paying particular attention to Trust Accounts in searching for hidden income.

SPECIFIC RETAINERS		Advanced Client Costs Recovered (see below)	
ANNUAL RETAINERS			
REFERRAL FEES			
BARTER, OR NON-CASH INCOME		Did you receive \$10,000.00 in actual cash from any individual at any one time – <i>or in accumulated amounts</i> —during this tax year?	
OTHER INCOME			

▼ Sales of Equipment, Machinery, Land, Buildings Held for Business Use ▼

Kind of Property	Date Acquired	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost

▼ ADVANCED CLIENT COSTS ▼

NOTE: The courts have ruled that advanced client costs are not currently deductible. They are treated as loans and are deductible as bad debts only if determined to be non-collectible.

Advanced client costs relating to non-collectible income: _____

▼ 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 only if you take actual expense (must use actual expense if you lease)</i>		
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.		
Lease Costs		

▼ OFFICE in HOME ▼

Office must be focal point of business.

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 _____

Attorney Expenses (continued)

NOTE: The starred (*) items are problem areas recognized in the IRS audit guides.

ADVERTISING/PROMOTION* : Ads, business cards, holiday cards, flyers, promo items, etc.	
◇ COMMISSIONS & FEES PAID* : Contract labor, referral fees, etc.	
EMPLOYEE BENEFITS : Health insurance, holiday party, mileage reimbursements, etc.	
INSURANCE : Worker's comp, business liability malpractice (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 : Outside paralegal, accounting, office/steno charges, computer svcs.	
OFFICE EXPENSE : postage, stationery, office supplies, receipt books, pens, etc.	
PENSION/PROFIT SHARING : Employees only	
◇ RENT/LEASE : Machinery and equipment Station rent Other bus. property, storage fees	
◇ REPAIRS & MAINTENANCE : Building, sharpening, equipment (not auto/truck)	
SUPPLIES : Misc. (not incl. elsewhere) Small tools, batteries, film	
TAXES : Personal Property Licenses (not auto/truck) Real estate of business building & land Payroll	
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) Other (incidentals, laundry, etc.) Convention fees Airplane or train fares Auto rental, taxis or bus fares	
MEALS & ENTERTAINMENT* : Business meals Gifts (limited to \$25 per individual or couple) Tickets Tickets to qualified charitable events	
UTILITIES & TELEPHONE : Electricity (business) Natural gas/heating fuel (business) Garbage, water, sewer (business) Telephone (bus. line, second line, other options) Business long distance (from home telephone) Faxes, paging svcs, cellular svcs	
WAGES* (bring copy of W-2s/941s if filed) Inside paralegal, research or office services 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 Credit card fees Prof. dues, publications Education & workshops Absorbed costs Online services Printing & copying Technical books (current/renewable) Courier & delivery services	

EQUIPMENT PURCHASED

**Technical reference library with useful life of over 1 year, furnishings, office equipment, software, etc.*

Item Purchased	Date Purchased	Cost (including sales tax)	Item Traded	Additional Cash Paid	Business Use	Other Information

◇ 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 31% of the payment(s).

Name	Address	Social Security #	Amount	Purpose of Payment
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Sign here _____