

LAW ENFORCEMENT / SECURITY INCOME & EXPENSE WORKSHEET

YEAR _____

NAME _____ Federal ID # _____

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

TYPE OF CONSULTING PERFORMED _____

How many months was this business in operation during the year? 12 Months OR From _____ Through _____

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 RECEIPTS FOR SERVICES: Reported on 1099: Not reported on 1099:		1099 – MISC. Bring in ALL 1099s received. Include Non-Employee Amount in Gross Sales. Do your records agree with the amount reported? YES <input type="checkbox"/> NO <input type="checkbox"/> 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: Honorariums, speaker's fee's, referral fees, barter, etc.		

▼ 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

▼ 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 _____

LAW ENFORCEMENT / SECURITY EXPENSES (continued)

ADVERTISING/PROMOTION: Ads, business cards, greeting cards, sales aids, catalogs, etc.	EXPENSES (away from home overnight): Lodging Meals & tips (keep separate from other costs) Convention fees Cruise ship convention/seminar Airplane or train fares Auto rental, taxis or bus fares Other (incidentals, laundry, etc.)
*COMMISSIONS & FEES PAID: Contract labor	MEALS & ENTERTAINMENT: Business meals Gifts (limited to \$25 per individual or couple) Tickets Tickets to qualified charitable events
EMPLOYEE BENEFITS: Health insurance, company party, mileage reimbursements, etc.	UTILITIES & TELEPHONE (business building): Electricity (business) Natural gas/heating fuel (business) Garbage, water, sewer (business) Telephone (bus. line, second line, other options) Business long distance (from home telephone) Cell phone (business portion of use only)
INSURANCE: Worker's comp., business liability (do not include auto/truck/health)	WAGES: Bring your copy of W-2s/941s if they have been filed Wages to spouse (subject to SS/Med tax) Wages to children under 18 (not subject to SS/Medicare tax) Other
INTEREST (Mortgage): Paid to financial institution Paid to individual	OTHER EXPENSES (not listed elsewhere): Bank charges, credit card machine Canine expense: food, shelter, vet, training Dues: union, range, assoc., professional Film processing, video duplications Fingerprinting & other booking costs Fuel for equipment (not truck/auto) Investigation expense Laundry & cleaning Publications, manuals, education, seminars Trade show fees Uniforms, boots/shoes, rain gear
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: Postage, stationery, office supplies, computer supplies, notebooks, pens, etc.	
*RENT/LEASE: Machinery & equipment Other business property	
*REPAIRS & MAINTENANCE: Building, equipment, etc. (do not include auto or truck)	
SUPPLIES: Ammunition, ammo pouch, baton, whistle Safety equip, bulletproof vest, masks, ear & eye protection, gloves, helmet, first aid kit Flashlight, bulbs, batteries, flares Breathalyzer supplies, cleaning supplies Film, memory cards, tapes, maps Handcuffs, restraints, baton, mace Badges, name tags, emblems, insignia	
TAXES: Personal property Licenses (not auto/truck) Real estate of business building & land Sales tax (if included in gross sales) Payroll (your share of SS/Med/Unemploy.)	
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 ____	

EQUIPMENT PURCHASED

Guns/weapons, camera, video camera, pager, cell phone, walkie talkie, binoculars, tape recorder, breathalyzer, vehicle, fax machine, answering machine, computer, printer, storage cabinets, furniture

Item Purchased	Date	Bus Use %	Cost (including sales tax)	Item Traded	Additional cash pd	Traded w/related prop.	Other Info.

* **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 the 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 Paid	Purpose of Payment