



2016

Business Income and Cost of Goods Sold

Name of Business: _____

Principal Business or Profession: _____

TSJ _____
 Employer ID number _____
 Street address _____
 City, state, ZIP or postal code, and country _____
 Method of inventory _____
 Method of accounting _____

Business Questions for 2016:

| | Yes | No |
|--|--------------------------|--------------------------|
| Did you dispose of this business? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, what was the disposition date? _____ (Mo/Da/Yr) | | |
| Was there a change in determining quantities, costs or valuations between opening and closing inventory? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Were you involved in the operations of this business on a regular, continuous and substantial basis? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you prepared or will you prepare all required Forms 1099? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

| 2016 Amount | 2015 Amount |
|-------------|-------------|
| | |

Health insurance premiums paid for yourself and your dependents _____

Income:

Include all Forms 1099-K

Payment card and third party transactions:

| Description | 2016 Amount | 2015 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Miscellaneous income: Include all Forms 1099-MISC

| | | |
|--|--|--|
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| | | |

Other Income:

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Other gross receipts or sales _____
 Less returns and allowances _____

Cost of Goods Sold:

| 2016 Amount | 2015 Amount |
|-------------|-------------|
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| | |

Beginning inventory _____
 Purchases less cost of items withdrawn for personal use _____
 Cost of labor (do not include amounts paid to yourself) _____
 Materials and supplies _____
 Other costs of goods sold: _____

| Description | 2016 Amount | 2015 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Ending inventory _____



Business Use of Home

6D

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

| | 2016 | 2015 |
|--|------|------|
| Square footage of home used exclusively for business | | |
| Total square footage of home | | |
| Total hours home was used for day care during the year | | |

Was your home used for day care purposes for the entire year?

| |
|-----|
| Yes |
| |

| |
|----|
| No |
| |

Were improvements made to the home and/or home office since the time you began using the home for business?

Expenses: Enter all expenses at 100 percent

Direct expenses benefit the business part of your home.
 Example: Cost of painting or repairs made to the specific area or room used for business.

Indirect expenses are required for keeping up and running your entire home.
 Example: Real estate taxes.

| | Direct Expenses | | Indirect Expenses | |
|---|-----------------|-------------|-------------------|-------------|
| | 2016 Amount | 2015 Amount | 2016 Amount | 2015 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Qualified mortgage insurance premiums | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |
| Rent | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2016 Amount | 2015 Amount | 2016 Amount | 2015 Amount |
| | | | | |
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Seller-Financed Mortgage Interest Information:

| Name of Individual to Whom Mortgage Interest Was Paid | Identification Number of Individual | Address of Individual to Whom Mortgage Interest Was Paid |
|---|-------------------------------------|--|
| | | |