

Business Income and Cost of Goods Sold

Name of Business:

Principal Business or Profession:

TSJ

Employer ID number

Street address

City, state and ZIP code

Method of inventory

Method of accounting

Business Questions for 2006:

| | | |
|--|--------------------------|--------------------------|
| Did you dispose of this business? | Yes | No |
| If Yes, what was the disposition date? | | |
| 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"/> |

| | 2006 Amount | 2005 Amount |
|---|-------------|-------------|
| Health insurance premiums paid for yourself and your dependents | | |

Income:

| | 2006 Amount | 2005 Amount |
|-----------------------------------|-------------|-------------|
| Gross receipts or sales | | |
| Less returns and allowances | | |

Cost of Goods Sold:

| | 2006 Amount | 2005 Amount |
|---|-------------|-------------|
| 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| Purchases less cost of items withdrawn for personal use | | |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 Cost of Goods Sold:

| Description | 2006 Amount | 2005 Amount |
|------------------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |
| Ending inventory | | |

Other Income:

| Description | 2006 Amount | 2005 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |
| | | |

Business Expenses - Vehicle Information

6B

Name of Business: _____

Principal Business or Profession: _____

Vehicle Questions for 2006:

| | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| Do you have evidence to support your deduction? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is the evidence written? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are an employer who provides vehicles for use by employees:

| | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration use by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for your personal use? Yes No

Was your vehicle available for use during off-duty hours?

Mileage:

Total miles

Total business miles

Total commuting miles for the year

Actual Expenses:

Gasoline, oil, repairs, insurance, etc

Interest

Taxes

Fair market value of leased vehicle

Vehicle rentals/leases

| Vehicle 1 | | Vehicle 2 | |
|--|-------------|--|-------------|
| | | | |
| | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2006 Miles | 2005 Miles | 2006 Miles | 2005 Miles |
| | | | |
| | | | |
| | | | |
| 2006 Amount | 2005 Amount | 2006 Amount | 2005 Amount |
| | | | |
| | | | |
| | | | |
| | | | |

Business Expenses

Name of Business: _____
 Principal Business or Profession: _____

Business Expenses: Enter all expenses at 100 percent

If these expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

| | 2006 Amount | 2005 Amount |
|-------------------------------|-------------|-------------|
| Parking fees and tolls | | |
| Local transportation | | |
| Travel expenses | | |
| Meals and entertainment | | |
| Other Business Expenses: | | |

| Description | 2006 Amount | 2005 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Reimbursements: Please list only reimbursements NOT reported in Box 1 of your Form W-2

Amount received for other expenses

Amount received for meals and entertainment

If you are a statutory employee, does your employer's reimbursement plan for meals and entertainment allow for offset of other reimbursements?

| 2006 Amount | 2005 Amount |
|-------------|-------------|
| | |
| | |

Yes No

Vehicle:

If these vehicle expenses are to be divided between two or more businesses, please enter the percentage to apply to this business _____ %

Description of vehicle

Date vehicle was placed in service

_____ %

Do you (or your spouse) have another vehicle available for personal purposes?

Was your vehicle available for personal use during off-duty hours?

Yes No
 Yes No

Total miles

Total business miles

Average daily commuting miles

Total commuting miles for the year

Gasoline and oil

Repairs

Insurance

Interest

Taxes

Value of employer provided vehicle

Temporary vehicle rentals

Fair market value of leased vehicle

Vehicle leases

Other Vehicle Expenses:

| 2006 | 2005 |
|------|------|
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| Description | 2006 Amount | 2005 Amount |
|-------------|-------------|-------------|
| | | |
| | | |
| | | |

Business Vehicle and Other Listed Property

6D

Name of Business: _____

Principal Business or Profession: _____

Questions About Listed Property for 2006:

Examples of Listed Property:

- Automobiles
- Cellular phones
- Property that can be used for entertainment
- Property that can be used for amusement
- Property that can be used for transportation
- Computers and related peripheral equipment
- Property that can be used for recreation

| | | |
|---|--------------------------|--------------------------|
| Do you have evidence to support the business use percentage claimed on listed property? | Yes | No |
| Is the evidence to support the business use written? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle Questions for Employers Who Provide Vehicles for Employee Use:

| | | |
|---|--------------------------|--------------------------|
| Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .. | Yes | No |
| Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you treat all use of vehicles by employees as personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles and retain the information received? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you meet the requirements for qualified demonstration used by maintaining a written policy statement that prohibits vehicle use by individuals other than full-time vehicle salespersons, use for personal vacation trips, storage of personal possessions in the vehicle and limits the total mileage outside the salesperson's normal working hours? | <input type="checkbox"/> | <input type="checkbox"/> |

Vehicle:

Description of vehicle

Date placed in service .. (Mo/Da/Yr)

Do you (or your spouse) have another vehicle available for personal use? ..

Was your vehicle available for personal use during off-duty hours?

Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business?

| Vehicle 1 | |
|--|------------|
| <p>Do you (or your spouse) have another vehicle available for personal use? .. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your vehicle available for personal use during off-duty hours? .. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? .. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| 2006 Miles | 2005 Miles |
| | |
| | |
| | |

| Vehicle 2 | |
|--|------------|
| <p>Do you (or your spouse) have another vehicle available for personal use? .. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was your vehicle available for personal use during off-duty hours? .. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was the vehicle used primarily by a person who owns more than 5% interest in the trade or business? .. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| 2006 Miles | 2005 Miles |
| | |
| | |
| | |

Mileage:

Total miles

Total miles applicable to business

Total commuting miles for the year

Business Use of Home

6E

Name of Business: _____

Principal Business or Profession: _____

Partial Use of Your Home for Business:

Square footage of home used exclusively for business

Total square footage of home

Total hours home was used for day care during the year

| 2006 | 2005 |
|------|------|
| | |
| | |
| | |

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

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

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

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 | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2006 Amount | 2005 Amount | 2006 Amount | 2005 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2006 Amount | 2005 Amount | 2006 Amount | 2005 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 |
|---|-------------------------------------|--|
| | | |

Rental - Business Use of Home

Location of Property: _____

Partial Use of Your Home for Business:

| |
|------|
| 2006 |
| |
| |

Square footage of home used exclusively for business

Total square footage of home

Were improvements made to the home and/or home office since the time you began using the home for business? Yes No

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 | |
|---------------------------------------|-----------------|-------------|-------------------|-------------|
| | 2006 Amount | 2005 Amount | 2006 Amount | 2005 Amount |
| Casualty losses | | | | |
| Deductible mortgage interest paid to: | | | | |
| Financial institutions | | | | |
| Individuals | | | | |
| Real estate taxes | | | | |
| Insurance | | | | |
| Repairs and maintenance | | | | |
| Utilities | | | | |

Other Expenses:

| Description | Direct Expenses | | Indirect Expenses | |
|-------------|-----------------|-------------|-------------------|-------------|
| | 2006 Amount | 2005 Amount | 2006 Amount | 2005 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 |
|---|-------------------------------------|--|
| | | |

