| Busines | s Expense | es Work | sheet | | | | | |
|--|---|----------------------------------|-------------------------|--|---|-----------------------------|----------------|--|
| Were you reimbur | sed for any expenses | s? Y N | If so, was the rei | imbursement repo | orted on Form | n W-2 or 1099? | Y N | |
| Auto Expenses. Co | mplete the following | g information on a | any vehicle for wl | nich a deduction is | s claimed for | business, rental | , etc. | |
| Year and model | Total mileage for year | Commuting mileage | Business mileage | Date first used for business | Own or lease? | Interest paid on vehicle | Parking/tolls | |
| 1) | | | | | | \$ | \$ | |
| 2) | | | | | | \$ | \$ | |
| | bove was purchased which business or re | - | | | ow. Also prov | vide information | about sales of | |
| Yeal and model | Purchased in 2017? | Date purchased | Cash paid | Value of trade-in | Sold in 2017? | Date sold | Sale price | |
| 1) | | | \$ | \$ | | | \$ | |
| 2) | | | \$ | \$ | | | \$ | |
| If actual expenses | are being used instea | ad of the standard | l mileage rate, co | mplete the inform | nation below. | | | |
| Fuel | Maintenance | Repairs | Insurance | Car washes | License tab | sParking/tolls | Other | |
| 1) \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| 2) \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | |
| Was the vehicle us | ed primarily by a mo | ore than 5% owne | r or related perso | on? Y N | | | | |
| Is there another ve | hicle available for p | ersonal use? Y | Ν | Do you have evi | dence to sup | port the deduct | ion? Y N | |
| Was the vehicle available during off-duty hours? Y N | | | | If "Yes", is the evidence written? Y N | | | | |
| only if the primary | nd Meals. Expenses a purpose of the trip i expenses may be us | s for business. A s | | • | | - | | |
| Destination | Dates | Airline or other travel costs | Local transportation | | Number of days or actual meal expenses | | Other | |
| | | \$ | \$ | | | \$ | | |
| | | \$ | \$ | | | \$ | | |
| | | \$ | \$ | | | \$ | | |
| | e Home. Area of hor ments does not qual | | | siness except for s | storage or day | y care. <i>Note:</i> M | anaging rental | |
| All Taxpayers | · | | | For Day Care Or | nly | | | |
| A) Business use are | ea (square footage) | | | 1) Hours used fo | - | | | |
| B) Total area of home (square footage) | | | | 2) Total hours in year | | | 8,760 hrs. | |

C) A ÷ B = Business use percentage% 3) 1 ÷ 2 = Business percentageEnter below only the expenses paid during the period the home was used for business.

Direct expenses benefit only the business use portion of the home. This includes painting or repairs exclusively for the business area.

%

Indirect expenses are for keeping up and running the entire home, such as mortgage interest and property taxes.

If you bought or sold your home during 2017, copy this worksheet and fill out one for each home.

| | Direct | Indirect | | Direct | Indirect |
|--|--------|----------|--------------------------|--------|----------|
| Mortgage interest | \$ | \$ | Repairs and maintenance | \$ | \$ |
| Property taxes | \$ | \$ | Utilities | \$ | \$ |
| Insurance | \$ | \$ | Other | \$ | \$ |
| Depreciation of the Home | | | | | |
| Lower of cost or fair market value of home | | \$ | Improvements? | | Y N |
| Value of land | | \$ | Casualty losses in 2017? | | Y N |
| Depreciable basis of home | | \$ | Use as an employee? | | Y N |