

**2022**

**BUSINESS INCOME & EXPENSES:**

ONE PER BUSINESS

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

What is the main business activity? \_\_\_\_\_

**GROSS BUSINESS INCOME:**

(Attach ALL 1099's you received)

Amount per Sales/Income Journal: \$ \_\_\_\_\_

Income from 1099-Misc: \_\_\_\_\_

All other NON-1099 Income: \_\_\_\_\_

TOTAL INCOME: \$ \_\_\_\_\_

- Y  N Was your vehicle available for personal use during off-duty hours?
- Y  N Do you (or your spouse) have another vehicle available for personal use?
- Y  N **DO YOU HAVE WRITTEN EVIDENCE TO SUPPORT/PROVE YOUR BUSINESS MILEAGE DEDUCTION?** (i.e., mileage log)

**VEHICLE USED FOR BUSINESS**

(TOTAL All Miles)\* \_\_\_\_\_

(BUSINESS MILES)\*\* \_\_\_\_\_

(Commuting Miles) \_\_\_\_\_

(Other Personal Miles) \_\_\_\_\_

**PROVIDE AUTO INSURANCE CARD SHOWING THE V.I.N. FOR EACH VEHICLE YOU USED IN YOUR BUSINESS.**

**VEHICLE ODOMETER READING:**

**BUSINESS MILES TRAVELED:**

At Beginning of Year: \_\_\_\_\_

At End of Year: \_\_\_\_\_

TOTAL ALL MILES:\* \_\_\_\_\_

01/01/2022 – 12/31/2022

TOTAL (must match above)\*\* \_\_\_\_\_

@ .625 cents/mi \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

- Y  N Did you start or acquire this business this year?
- Y  N **Did you make any Sub-Trade Labor payments that would require you to file Form(s) 1099?**
- Y  N **If yes, did you or will you file all required Forms 1099?**

**COST OF GOODS SOLD:**

Inventory (Beginning Yr)	\$ _____	Inventory (End of Year)	\$ _____
Merchandise Purchases	\$ _____	Cost of Labor	\$ _____
Materials & Supplies	\$ _____	Other Cost of Goods	\$ _____

**OPERATING EXPENSES:**

Advertising	\$ _____	Rent/Lease, Equipment	\$ _____	Bank Service Charges	\$ _____
Bad Debts	\$ _____	Rent/Lease, Building	\$ _____	Cellular/Mobile Phone	\$ _____
Car & Truck Expenses	\$ _____	Repairs & Maintenance	\$ _____	Dues & Publications	\$ _____
Commissions & Fees	\$ _____	Supplies	\$ _____	Freight & Shipping	\$ _____
CONTRACT LABOR	\$ _____	Taxes & Licenses	\$ _____	Laundry & Cleaning	\$ _____
Insurance (Emp Health)	\$ _____	Taxes , Real Estate	\$ _____	Safety Items	\$ _____
Insurance (not Health)	\$ _____	Travel (no meals)	\$ _____	Small Tools/Equipment	\$ _____
Interest, Mortgage	\$ _____	Meals <b>Quiet Meals" only</b>	\$ _____	Uniforms	\$ _____
Interest, Other	\$ _____	Utilities & Telephone	\$ _____	Other	\$ _____
Legal / Professional Fees	\$ _____	Wages & Salaries	\$ _____	Other	\$ _____
Office Expense	\$ _____	Other	\$ _____	Other	\$ _____

**Other Capital Purchases (attached copies of contracts):**

**UNDER PENALTY OF PERJURY, regarding the business deductions shown above, I acknowledge having spent these amounts and have kept a log or diary of such activities, pursuant to section 274(a) and can fully substantiate such deductions.**

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Date