



Wildhorse Tax Service, LLC

(913) 904-0447

www.wildhorsetaxservice.com

Business Name: _____

Business Tax ID #: _____

Business Income

Amount reported on a Form 1099-NEC \$ _____

Additional Income **NOT** reported on a Form 1099-NEC \$ _____

Total Income: \$ _____

Business Expenses

Advertising \$ _____ Equipment rental \$ _____

Commissions and fees \$ _____ Repairs & Maintenance \$ _____

Contract Labor \$ _____ Supplies (non-office) \$ _____

Employee Benefits \$ _____ Sales Tax paid \$ _____

Insurance (non-health) \$ _____ Travel \$ _____

Interest \$ _____ Business Meals \$ _____

Legal & Professional \$ _____ Cell & Internet \$ _____

Postage & Shipping \$ _____ Wages paid via W-2 \$ _____

Office Supplies \$ _____ Bank or credit card fees \$ _____

Office Rent \$ _____ Health Ins. premiums \$ _____

_____ \$ _____ _____ \$ _____

of days traveled for business when a stay overnight was incurred: _____

Example: If you travel Monday, stay the night and then travel home Tue, that equals 2 days traveled.

- Advertising - includes business cards, website, referral fees, flyers, etc.
- Travel - hotel, airfare, rental car, etc.
- Business Meals - Entertainment expenses are no longer deductible.
- Equipment - Items which have a useful life greater than one year.



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Equipment Purchased

(Do not include these items in any other section.)

Item description _____	Date purchased _____
	Total Paid \$ _____
Item description _____	Date purchased _____
	Total Paid \$ _____
Item description _____	Date purchased _____
	Total Paid \$ _____
Item description _____	Date purchased _____
	Total Paid \$ _____

Mileage

Year, make and model of the vehicle _____	
Business miles driven _____	Personal miles driven _____
Total miles for the year _____	Auto loan interest paid _____
Personal Property Tax _____	

Home Office Expenses

Do you have an office available anywhere other than your home?	Yes / No
Square footage of Home _____	Square footage of Office _____
Utilities \$ _____ (trash, water, sewer, gas, elec, cable) (do not include cell or internet)	Rent Paid \$ _____