

# 2025

# Business Tax Organizer

Rich Driscol CPA

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# **Rich Driscol CPA**

**3233 Sulstone Dr**

**Punta Gorda FL 33983**

**317-413-8338**

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December 19, 2025

Dear Client

## **Please review and sign the terms of our engagement for Tax Year 2025.**

Thank you for choosing Rich Driscol CPA to prepare your taxes. This letter confirms the terms of our engagement with you and outlines the nature and extent of the services we will provide.

We will prepare your 2025 federal and state business tax returns from information that you will provide. We will not audit or otherwise verify the data you submit, although we may ask you to clarify some items. It is your responsibility to provide all the information required for the preparation of complete and accurate returns. It is also your responsibility to carefully read and understand the completed returns prior to filing. We will provide you with an electronic draft copy of the returns for your review. We will then discuss the returns with you and address any questions prior to filing.

The filing deadline for the 2025 tax returns is March 16, 2026. In order to meet this deadline, we will need your information no later than February 15, 2026. If an extension of time is required any taxes owed are due and payable at that time. Any tax that may be due with the return must be paid with the extension of time to file. Any amounts not paid by March 16, 2026 are subject to interest and late fees penalties when actually paid. The law imposes penalties when taxpayers underestimate their tax liability. Please call us if you have concerns about such penalties.

My tax fees are \$250 per hour. Tax fees are due before e-filing.

Our engagement to prepare your tax returns will conclude when we deliver copies of your returns to you, obtain e-file approval signatures from you, receive payment for our fees, and e-file your returns. If you have not selected to e-file your returns, you will be solely responsible to file the returns with the appropriate taxing authorities. Review all tax-return documents carefully before signing them.

To affirm that this letter correctly summarizes your understanding of the arrangements for this work, please sign below in the space indicated.

---

Officer Signature

---

Printed Name

---

Date

---

Title

# Rich Driscol CPA

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 rich@richdriscolcpa.com

## 2025 Business Tax Organizer - Client information

Business Information (Please Print)				
	EIN	Date of Formation	Date S-Elected	State Formed
Business Name:	- -	/ /		
DBA:				
Business Address:			Primary contact: Text <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/>	
City, State, Zip:				
If Name Changed, list prior:				
If Addressed Changed, list Prior:				
Business E-mail:		Business Phone:	( ) -	
Officer E-mail, if different:		Officer Phone:	( ) -	
Check if this is an initial or final return: <input type="checkbox"/> initial <input type="checkbox"/> final				

Tax Filing Status (Check One)			
Partnership Form 1065:	<input type="checkbox"/>	1st year as S-Corp Status?	<input type="checkbox"/> Y <input type="checkbox"/> N
S-Corp Form 1120S:	<input type="checkbox"/>	Check Accounting Method	<input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other
Corporation Form 1120:	<input type="checkbox"/>		

Shareholders or Partners ( #_____ at any time during the year )						
First Name	Last Name	SSN	Address	City	State	Zip Code
		- -				
		- -				
		- -				
		- -				
		- -				

Were there any changes to the articles of incorporation or operating agreement? ☐ Y ☐ N

1099-NEC and Subcontractors (required)	
Did you make any payments during the year that would require you to file Form(s) 1099, and did you file them?	<input type="checkbox"/> Y <input type="checkbox"/> N

**State Nexus Information for Taxable Year (required)**

State	Rent \$ in State	Asset \$ in State	Labor \$ in State	Sales \$ in State	Physical Presence in State Yes / No

**Shareholder or Partner K-1s (required)**Would you like us to calculate your basis from inception? ☐ Y ☐ N

K-1s will be provided and Basis Schedules will be updated for the current year activity. K-1s will include Basis Schedules.

Basis Schedules are the responsibility of the Owner as an investor and losses can be limited by Basis. Your Basis Schedule may not be accurate unless it is calculated back to your original investment. We can calculate your basis from inception? This can take significant time, and is often done after tax season. Tax Basis can be critical in losses, and if you sell your interest and calculate a gain or loss.

**Unreimbursed Expenses (required)**Would you like to discuss how this works? ☐ Y ☐ N

Shareholders in S-Corporations are considered employees and are no longer allowed to deduct expenses not reimbursed by the business. Shareholders should request reimbursement using an expense report. The expenses become deduction for the business and are not taxable to the shareholder.

Partners are not employees and have two options for unreimbursed expenses. Use an expense report, like a Shareholder in an S-corp, or deduct the expenses on your 1040 at Schedule E, where the K-1 is reported. UPE (unreimbursed partnership expenses - like vehicles, etc. paid with personal funds) must meet certain partnership agreements and, if qualifying, are disclosed in the K-1 for the 1040 preparer.

**QBID Qualified Business Income Deduction (required)**Would you like to discuss how this works? ☐ Y ☐ N

The QBID was new in 2018 and is a valuable tax deduction for small business owners. If qualifying, the deduction is passed through to the Partner's or Shareholder's personal 1040 tax return. The deduction can be as much as 20% of qualifying business income. Best of all, you do not have to purchase anything to benefit from this deduction, it is a free one. A business must qualify by type, must have income (not a loss), have wages, and meet other qualifiers. This deduction was the most favorably impacting line on tax returns for small business owners since 2018.

**Keep in Mind (required)**Would you like to discuss your state registrations? ☐ Y ☐ N

Entertainment expenses and Meals deductions have changed, again.

Personal property tax returns may be required. States are getting better at finding taxpayers who have ignored this requirement in the past. Assets being depreciated, except primarily vehicles and real estate, should be assessed on a personal property tax return. State registrations, including LLC renewals, may be due.

**I Would Like to Discuss .... (optional)**

- |  |  |
|--|--|
| <input type="checkbox"/> Accounting                                | <input type="checkbox"/> Assets and Depreciation Deductions        |
| <input type="checkbox"/> QuickBooks Online                         | <input type="checkbox"/> Gain/Loss from the Sale of Assets         |
| <input type="checkbox"/> Payroll and Forms W-2 & W-4               | <input type="checkbox"/> Purchasing a Vehicle                      |
| <input type="checkbox"/> Subcontract Labor v Employee Status       | <input type="checkbox"/> Deducting a Vehicle                       |
| <input type="checkbox"/> Forms W-9 & 1099-MISC                     | <input type="checkbox"/> In Home Office Deductions                 |
| <input type="checkbox"/> Personal Property Taxes                   | <input type="checkbox"/> Meals Deductions                          |
| <input type="checkbox"/> Sales Tax and Food & Beverage Tax         | <input type="checkbox"/> Travel Deductions                         |
| <input type="checkbox"/> Officers Compensation                     | <input type="checkbox"/> Out of Pocket Deductions (expense report) |
| <input type="checkbox"/> Guaranteed Payments to Partners           | <input type="checkbox"/> QBID Qualified Business Income Deduction  |
| <input type="checkbox"/> Changes in Partners & Shareholders        | <input type="checkbox"/> Starting or Closing a Business            |
| <input type="checkbox"/> K-1 Pass-through Income & Deductions      | <input type="checkbox"/> Forming a LLC                             |
| <input type="checkbox"/> Shareholder/Partner Basis Schedule        | <input type="checkbox"/> Prior Year Tax Returns                    |
| <input type="checkbox"/> Active Participation v Passive Investment | <input type="checkbox"/> IRS or State Agency notices               |
| <input type="checkbox"/> Retirement Plans                          | <input type="checkbox"/> Other                                     |

**Electronic Filing (required)**

All Tax Returns are Required to be E-Filed. This is a free service.

**Electronic Approval and Electronic Signatures (required)**

All Clients will receive an Online E-Signature request via DocuSign once their return is ready for final approval and filing.  
The DocuSign E-Signature request contains a digital copy of your returns.

**Online Client Document Portal ( LINK, cloud hosted by Intuit) (optional, but recommended )**

This Service is OPTIONAL, if you would like to use the Client Document Portal please call us and we will invite you.  
All Clients have a FREE two-way client document portal available. This entire packet is available in your document portal.  
Clients can use their secure Client Document Portal Link to send, store and print their tax documents and tax returns.  
LINK allows us to share documents back and forth using PDF scans, JPG pictures, and other upload methods.

**Paper Copies (optional)**

All Clients will receive an Online Copy of their tax returns with their completed E-Signature via DocuSign.  
LINK Document Portal Clients will also have a copy of their returns stored in their document cloud hosted by Intuit.  
Any Original Tax Documents received will be returned via FedEx for an additional \$20 fee.  
Paper Copies of Tax Returns can be provided for an additional \$20 fee.

**Client Options (required)****Initial**

Please Return my Original Tax Documents, I did not provide copies.

\$ 20 fee [     ]

Please send me a paper copy of my Tax Returns via FedEx.

\$ 20 fee [     ]

Payment Choice : (Select one ) fees are compiled and presented with returns for review.

☐ Cash or Check                      a free service

☐ Zelle to 317-413-8338            a free service

Invoices will be sent via e-mail using QuickBooks Merchant Services.

☐ ACH Bank Transfer                a free service

☐ Credit or Debit Card                3 % fee

Cardholder Name:

Card Number:

 -     -     -

Security Code:

Expiration Date:

 /

Billing Zip:

**2025 Tax Fees**

All Tax Returns must be approved, signed, and fees paid before e-file can proceed. Tax fees are \$250 per hour.  
Any situations identified that could otherwise materially increase your fees will be communicated to you promptly before work begins. I appreciate your loyalty and your referrals. Thank you again.

# Final Checklist

Items to be returned to CPA for tax prep

- ☐ Signed Engagement Letter
- ☐ Completed Client Information 4 pages, Signed at page 4
- ☐ Completed Tax Organizer 13 pages
- ☐ Copies of all Payroll Reports (if applicable)
- ☐ Copies of End of Year Statements for Bank Accounts
- ☐ Copies of End of Year Statements for Credit Cards
- ☐ Copies of all 1099-MISCs Received (Included in Your Revenue)
- ☐ Copies of all 1098s (Mortgage Interest Paid)
- ☐ Copies of all Real Estate Closing Documents
- ☐ Copies of all K-1s (From other Partnership, S-Corp, Trust)
- ☐ Copies of Prior Year Tax Returns (new clients only)
- ☐ Copies of any other Tax Documents You Received
- ☐ Copy of a Check or a screen shot for Direct Deposit information
- ☐ Do Not Send Your Receipts, Just the Tax Documents Listed Above
- ☐ I May Need Help with Accounting
- ☐ I May Need Help with Accounts Receivable Balances
- ☐ I May Need Help with Inventory Balances
- ☐ I May Need Help with My Balance Sheet
- ☐ I May Need Help with My Profit & Loss Statement
- ☐ If You Provide Your Own Profit & Loss Statement, You Can Send it and Skip that Detail Section
- ☐ If You Provide Your Own Balance Sheet, You Can Send it and Skip that Section
- ☐ Note: Your Business May be Required to Provide a Balance Sheet to the IRS, Balance Sheet Returns are Significantly More Complex.

## Signatures for Return Processing

(required)

I certify that the information provided in this organizer is accurate and complete. I understand it is my responsibility to include any and all information concerning income, deductions and other information necessary for the preparation of my personal income tax returns. All returns in process on March 15 will have automatic extensions filed.

(If filing a joint return both parties must sign and date.)

Officer Signature:

Date:

 /  / 

Print Name:

Title:

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Miscellaneous Questions - Client Name :

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If any of the following items pertain to you or your spouse, please check the appropriate box and provide additional information if necessary.

YES

NO

**BUSINESS INFORMATION**☐☐

Did your accounting method or tax filing status change during the year?

☐☐

Is your business idle or almost idle?

☐☐

Is this a final tax return?

☐☐**PARTNERS & SHAREHOLDERS**☐☐

Did any partners or shareholders pay business expenses and not get reimbursed by the company?

☐☐

Do partners and shareholders maintain their own tax basis schedules as required by the IRS?

Did any Partners receive guaranteed payments for services or did any officers receive a W-2?

☐☐**PARTNER & SHAREHOLDER LOANS**

Do any partner or shareholders NEOutstanding loans to or from the business?

☐☐**INCOME**☐☐

Did you receive any Form 1099-MISC for your revenue or sales?

☐☐

Did you include the value of any Form 1099-MISC(s) received in your total sales number?

☐☐

Did you include sales tax in your sales total?

Did you have any foreign income or pay any foreign taxes?

☐☐**PURCHASES, SALES AND DEBT**☐☐

Do you record depreciation and amortization for your books?

☐☐

Did you purchase or dispose of any business assets (furniture, equipment, vehicles, real estate, etc.)?

☐☐

Did you convert any personal assets to business use?

☐☐

Did you make any major improvements to assets (equipment, real estate, etc.)?

☐☐

Did you refinance any outstanding loans?

☐☐

Did you have any debts canceled or forgiven?

Does anyone owe you money which has become uncollectable?

2025		US	Partner and Shareholder Information		Page 2
Please add, change or delete information as appropriate.					
PARTNER INFORMATION					
	Name of Partner	Distributions	Guaranteed Payments	Additional Amounts Invested in Partnership	
SHAREHOLDER INFORMATION					
	Name of Shareholder	Distributions	Officer Compensation W-2	Additional Amounts Invested in S corporation	

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## S-Corporation Income &amp; Deductions

Page 3

Please enter all pertinent amounts. Please provide copies of all 1099-NEC for your revenue. If you provide an Income Statement and Balance Sheet you do not need to enter this information here again.

## BALANCE SHEET

	Partner Name	End-of-Year Balance	Balance due to "Business" or "S/H"	Additional Amount Invested in Business	Has Related Party Interest Been Calculated?
Shareholder (S/H) Loan 1.....					
Shareholder (S/H) Loan 2.....					
Shareholder (S/H) Loan 3.....					

	Bank Name	Last 4 Digits	Checking or Savings?	Beginning of Year Balance	End of Year Balance	Account Opened in 2019?
Bank Account 1.....						
Bank Account 2.....						
Bank Account 3.....						

	Name of Card	Last 4 Digits of Account	Business or Personal?	End of Year Balance	Card Opened in 2019?
Credit Card 1.....					
Credit Card 2.....					
Credit Card 3.....					

## DEBT

	Beginning of Year Balance	End of Year Balance
Total Debt at 12/31 .....	\$.	
Mortgage .....	\$.	
Notes Payable .....	\$.	
Shareholder Loans .....	\$.	

## STARTUP COSTS

Organization Costs .....	
Small Employer Pension Plan Costs .....	
Small Employer Health Insurance Premium Credit .....	

## INCOME

	Amount	Notes
Gross receipts or sales (include all Form 1099-NECs) .....		
Returns and allowances. ....		
Other income:		
.....		
.....		
.....		

## COST OF GOODS SOLD

Inventory Method (check one) . . . ☐ Cost ☐ Lower of Cost or Market ☐ Other

Inventory at beginning of the year .....		
Purchases .....		
Cost of items for personal use. ....		
Cost of labor .....		
Materials and supplies .....		
Other costs:		
.....		
.....		
.....		
Inventory at end of the year .....		

Please enter all pertinent amounts. If you provide an Income Statement and Balance Sheet you do not need to enter this information again.

### DEDUCTIONS (cont)

	Amount	Notes
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Gifts.....		
Insurance (other than health).....		
Interest - Mortgage (paid to banks, etc.).....		
Interest - Other (not entered elsewhere).....		
Janitorial.....		
Laundry & Cleaning.....		
Legal & Professional.....		
Miscellaneous.....		
Office Expense.....		
Outside services.....		
Parking and tolls.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - office.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Officers Compensation, do not include in wage total below.....		
Wages.....		

Other expenses:

_____		
_____		
_____		
_____		
_____		
_____		

NOTE: If you purchased or disposed of any business assets, please complete pages 9 & 10.

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## Partnership Income &amp; Deductions

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Please enter all pertinent amounts. Please provide copies of all 1099-NEC for your revenue. If you provide an Income Statement and Balance Sheet you do not need to enter this information here again.

## BALANCE SHEET

	Partner Name	End-of-Year Balance	Balance due to "Business" or "Partner"	Additional Amount Invested in Business	Has Related Party Interest Been Calculated?
Partner Loan 1.....					
Partner Loan 2.....					
Partner Loan 3.....					

	Bank Name	Last 4 Digits	Checking or Savings?	Beginning of Year Balance	End of Year Balance	Account Opened in 2022?
Bank Account 1.....						
Bank Account 2.....						
Bank Account 3.....						

	Name of Card	Last 4 Digits of Account	Business or Personal?	End of Year Balance	Card Opened in 2022?
Credit Card 1.....					
Credit Card 2.....					
Credit Card 3.....					

## DEBT

	Beginning of Year Balance	End of Year Balance
Total Debt at 12/31 .....	\$.	
Nonrecourse Debt.....	\$.	
Qualified Nonrecourse Debt .....	\$.	
Recourse Debt .....	\$.	

## STARTUP COSTS

Organization Costs .....	
Small Employer Pension Plan Costs .....	
Small Employer Health Insurance Premium Credit .....	

## INCOME

	Amount	Notes
Gross receipts or sales (include all Form 1099-MISCs) .....		
Returns and allowances.....		
Other income:		
_____		
_____		
_____		

## COST OF GOODS SOLD

Inventory Method (check one) . . . ☐ Cost ☐ Lower of Cost or Market ☐ Other

Inventory at beginning of the year .....		
Purchases .....		
Cost of items for personal use.....		
Cost of labor.....		
Materials and supplies.....		
Other costs:		
_____		
_____		
_____		
Inventory at end of the year .....		

Please enter all pertinent amounts. If you provide an Income Statement and Balance Sheet you do not need to enter this information again.

DEDUCTIONS (cont)

	Amount	Notes
Accounting.....		
Advertising.....		
Answering service.....		
Bad debts from sales or service.....		
Bank charges.....		
Car and truck expenses (not entered elsewhere).....		
Commissions.....		
Contract labor.....		
Delivery and freight.....		
Dues and subscriptions.....		
Employee benefit programs.....		
Gifts.....		
Guaranteed Payments to Partners.....		
Insurance (other than health).....		
Interest - Mortgage (paid to banks, etc.).....		
Interest - Other (not entered elsewhere).....		
Janitorial.....		
Laundry & Cleaning.....		
Legal & Professional.....		
Miscellaneous.....		
Office Expense.....		
Outside services.....		
Parking and tolls.....		
Postage.....		
Printing.....		
Rent - vehicles, machinery, & equipment (not entered elsewhere).....		
Rent - office.....		
Repairs.....		
Security.....		
Supplies.....		
Taxes - real estate.....		
Taxes - payroll.....		
Taxes - sales tax included in gross receipts.....		
Taxes - other (not entered elsewhere).....		
Telephone.....		
Tools.....		
Travel.....		
Total meals in full (50%).....		
Department of Transportation meals in full (80%).....		
Uniforms.....		
Utilities.....		
Wages.....		

Other expenses:


NOTE: If you purchased or disposed of any business assets, please complete pages 9 & 10.

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**Rental & Royalty Income (Schedule E)**

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Please enter all pertinent amounts.

**GENERAL INFORMATION**

	Property # 1	Property # 2	Property # 3	Notes
Description of property.....				<b>Type of Property</b> 1 = Single Family Residence 2 = Multi-Family Residence 3 = Vacation/Short-Term Rental 4 = Commercial 5 = Land 6 = Royalties 7 = Self-Rental
Street address .....				
City.....				
State .....				
ZIP code.....				
Type of property (see table)....				
Other type of property.....				
Number of days rented.....				

	Property # 1	Property # 2	Property # 3		Property # 1	Property # 2	Property # 3
Percentage of ownership if not 100% (.xxxx).....				1=did not actively participate. . .			
Percentage of tenant occupancy if not 100% (.xxxx).....				1=real estate professional . . . .			
1=spouse, 2=joint .....				1=rental other than real estate .			
1=qualified joint venture .....				1=investment .....			
1=nonpassive activity, 2=passive royalty.....				1=single member limited liability company .....			
If required to file Form(s) 1099, did you or will you file all required Form(s) 1099: 1=yes, 2=no. ....							

**INCOME**

	Property # 1	Property # 2	Property # 3
Rents or royalties received.....			

**DIRECT EXPENSES**

NOTE: Direct expenses are related only to the rental activity. These include rental agency fees, advertising, and office supplies.

Advertising.....			
Association dues.....			
Auto and travel (not entered elsewhere).....			
Cleaning and maintenance.....			
Commissions.....			
Gardening.....			
Insurance.....			
Legal and professional fees.....			
Licenses and permits.....			
Management fees.....			
Miscellaneous.....			
Mortgage interest (paid to banks, etc.).....			
Qualified mortgage insurance premiums.....			
Excess mortgage interest.....			
Other interest (not entered elsewhere).....			
Painting and decorating.....			
Pest control.....			
Plumbing and electrical.....			
Repairs.....			
Supplies.....			
Taxes - real estate.....			
Taxes - other (not entered elsewhere).....			
Telephone.....			
Utilities.....			
Wages and salaries.....			
Other: List Furniture, Equipment, and Improvements			
_____			
_____			
_____			

NOTE: If you purchased or disposed of any business assets, please complete pages 9 &amp; 10.

Please enter all pertinent amounts. The indirect expense column should only be used for vacation homes or less than 100% tenant occupied rentals.

### GENERAL INFORMATION

	Property # 1	Property # 2	Property # 3
Foreign region .....			
Foreign postal code .....			
Foreign country .....			

### OIL AND GAS

Production type (preparer use only) .....			
Cost depletion .....			
Percentage depletion rate or amount .....			
State cost depletion, if different (-1 if none) .....			
State % depletion rate or amount, if different (-1 if none) .....			

### PERSONAL USE OF DWELLING UNIT (INCLUDING VACATION HOME)

Number of days personal use .....			
Number of days owned (if optional method elected) .....			

### INDIRECT EXPENSES

NOTE: Indirect expenses are related to operating or maintaining the dwelling unit.  
These include repairs, insurance, and utilities.

Advertising .....			
Association dues .....			
Auto and travel (not entered elsewhere) .....			
Cleaning and maintenance .....			
Commissions .....			
Gardening .....			
Insurance .....			
Legal and professional fees .....			
Licenses and permits .....			
Management fees .....			
Miscellaneous .....			
Mortgage interest (paid to banks, etc.) .....			
Qualified mortgage insurance premiums .....			
Excess mortgage interest .....			
Other interest (not entered elsewhere) .....			
Painting and decorating .....			
Pest control .....			
Plumbing and electrical .....			
Repairs .....			
Supplies .....			
Taxes - real estate .....			
Taxes - other (not entered elsewhere) .....			
Telephone .....			
Utilities .....			
Wages and salaries .....			
Other:			
_____			
_____			
_____			
_____			
_____			





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Business Use of Home

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Please enter indirect expenses in full. Business percentage will be applied to indirect expenses only.

## BUSINESS USE OF HOME

	Office 1	Office 2
Date Started Using . . . . .	/ /	/ /
Date Stopped Using . . . . .	/ /	/ /
Business use area (square footage) . . . . .		
Total area of home (square footage) . . . . .		
Total hours facility used (for daycare facilities only) . . . . .		
Total hours available (if not 8,760) . . . . .		
Area of home included above used exclusively for daycare business, if any (sq ft) . . . . .		
% (.xx) or amount of gross income from home if not 100% (-1 if none) . . . . .		
% (.xx) or amount of expenses from home if not 100% (-1 if none) . . . . .		

## INDIRECT EXPENSES

NOTE: Indirect expenses are for keeping up and running your entire home. They benefit both the business and personal parts of your home.

Mortgage interest . . . . .		
Real estate taxes . . . . .		
Casualty losses . . . . .		
Insurance . . . . .		
Miscellaneous . . . . .		
Rent . . . . .		
Repairs and maintenance . . . . .		
Utilities . . . . .		
Excess mortgage interest . . . . .		
Excess real estate taxes . . . . .		

Other indirect expenses:


## DIRECT EXPENSES

NOTE: Direct expenses benefit only the business part of your home. They include painting or repairs made to specific areas or rooms used for business.

Mortgage interest . . . . .		
Real estate taxes . . . . .		
Casualty losses . . . . .		
Insurance . . . . .		
Miscellaneous . . . . .		
Rent . . . . .		
Repairs and maintenance . . . . .		
Utilities . . . . .		
Excess mortgage interest . . . . .		
Excess real estate taxes . . . . .		
Excess casualty losses . . . . .		
Allowable casualty losses . . . . .		

Other direct expenses:


Please enter all pertinent amounts.

VEHICLE INFORMATION

Vehicle used primarily by more than 5% owner...

Vehicle is available for off-duty personal use...

No other vehicle is available for personal use...

No evidence to support your deduction...

No written evidence to support your deduction...

Y

N

Y

N

Y

N

Y

N

Y

N

VEHICLE

Title in Company Name?

Y

N

Amount

Notes

Description of vehicle

Date placed in service (m/d/y)

Total mileage (for the tax year)

Business mileage

Commuting mileage (for the tax year)

Average daily round-trip commute

Number of months of business use if changed from 100% personal use

Parking fees and tolls (business portion only)

Actual expenses:

Gasoline, lube, oil

Repairs

Tires

Insurance

Miscellaneous

Auto license (other than personal property taxes)

Personal property taxes (based on car's value)

Interest (car loan)

Vehicle rent or lease payments

Inclusion amount (enter as positive)

Value of employer-provided vehicle on Form W-2 (2106)

VEHICLE 2

Title in Company Name?

Y

N

Amount

Notes

Description of vehicle

Date placed in service (m/d/y)

Total mileage (for the tax year)

Business mileage

Commuting mileage (for the tax year)

Average daily round-trip commute

Number of months of business use if changed from 100% personal use

Parking fees and tolls (business portion only)

Actual expenses:

Gasoline, lube, oil

Repairs

Tires

Insurance

Miscellaneous

Auto license (other than personal property taxes)

Personal property taxes (based on car's value)

Interest (car loan)

Vehicle rent or lease payments

Inclusion amount (enter as positive)

Value of employer-provided vehicle on Form W-2 (2106)

Series: 64

Vehicle Expenses (Form 2106) (cont.)

[illegible]