

Preparer use only

Principal business or profession _____

| Preparer use only Carryovers | Non-QBI & Tax | For QBI & Tax | AMT |
|---|--------------------------|--------------------------|------------|
| Operating | + [19] | + [20] | + [21] |
| Short-term capital | | + [22] | + [23] |
| Long-term capital | | + [24] | + [25] |
| 28% rate capital | | + [26] | + [27] |
| Section 1231 loss | + [28] | + [29] | + [30] |
| Ordinary business gain/loss | + [31] | + [32] | + [33] |
| Section 179 | + [34] | + [35] | + [36] |

NOTES/QUESTIONS:

Preparer use only

Principal business or profession _____ [3]
 Taxpayer/Spouse/Joint (T, S, J) _____ [4]
 State postal code _____ [5]

Business Use of Home

| | 2023 Information | Prior Year Information |
|---|------------------|------------------------|
| Total area of home | _____ [14] | _____ |
| Area used exclusively for business | _____ [16] | _____ |
| Information for day-care facilities only: | | |
| Total hours used for day-care during this year | _____ [18] | _____ |
| Total hours used this year, if less than 8760 | _____ [20] | _____ |
| Special computation for certain day-care facilities: | | |
| Area used regularly and exclusively for day-care business | _____ [22] | _____ |
| Area used partly for day-care business | _____ [24] | _____ |

List as direct expenses any expenses which are attributable only to the business part of your home.
List as indirect expenses any expenses which are attributable to the overall upkeep and running of your home.

| | 2023 Information | | Prior Year Information |
|---|------------------|-------------------|------------------------|
| | Direct Expenses | Indirect Expenses | |
| Mortgage interest: | + _____ [29] | + _____ [31] | _____ |
| Real estate taxes: | + _____ [37] | + _____ [39] | _____ |
| Excess mortgage interest | + _____ [42] | + _____ [43] | _____ |
| Insurance | + _____ [48] | + _____ [50] | _____ |
| Rent | + _____ [54] | + _____ [55] | _____ |
| Repairs & maintenance | + _____ [57] | + _____ [58] | _____ |
| Utilities | + _____ [60] | + _____ [61] | _____ |
| Other expenses, such as: Supplies & Security system | + _____ [63] | + _____ [64] | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| _____ | + _____ | + _____ | _____ |
| Excess casualty losses | | + _____ [66] | _____ |
| Carryovers: | | | _____ |
| Operating expenses | | + _____ [67] | _____ |
| Casualty losses | | + _____ [68] | _____ |
| Depreciation | | + _____ [70] | _____ |
| Business expenses not from business use of home, such as: | | | _____ |
| Travel, Supplies, Business telephone expenses | | + _____ [71] | _____ |
| Depreciation | | + _____ [75] | _____ |

NOTES/QUESTIONS:

If you used your automobile for business purposes, please complete the following information.

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Description of business or profession _____ [3]

Vehicles

| | | | |
|-------------|------------------------|-------|------|
| Vehicle 1 - | Date placed in service | _____ | [4] |
| | Description | _____ | [5] |
| | Comments | _____ | |
| Vehicle 2 - | Date placed in service | _____ | [9] |
| | Description | _____ | [10] |
| | Comments | _____ | |
| Vehicle 3 - | Date placed in service | _____ | [14] |
| | Description | _____ | [15] |
| | Comments | _____ | |
| Vehicle 4 - | Date placed in service | _____ | [19] |
| | Description | _____ | [20] |
| | Comments | _____ | |

Vehicle Questions

| | | | | | | | | |
|--|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|
| | Vehicle 1 | Prior Year | Vehicle 2 | Prior Year | Vehicle 3 | Prior Year | Vehicle 4 | Prior Year |
|--|------------------|-------------------|------------------|-------------------|------------------|-------------------|------------------|-------------------|

If you used your automobile for work purposes, answer the following questions:

| | | | | | | | | |
|---|---------|--------------------------|---------|--------------------------|---------|--------------------------|---------|--------------------------|
| Was the vehicle available for off-duty personal use? (Y, N) | __ [60] | <input type="checkbox"/> | __ [62] | <input type="checkbox"/> | __ [64] | <input type="checkbox"/> | __ [66] | <input type="checkbox"/> |
| Was another vehicle available for personal use? (Y, N) | __ [68] | <input type="checkbox"/> | __ [70] | <input type="checkbox"/> | __ [72] | <input type="checkbox"/> | __ [74] | <input type="checkbox"/> |
| Do you have evidence to support your deduction? (Y, N) | __ [76] | <input type="checkbox"/> | __ [78] | <input type="checkbox"/> | __ [80] | <input type="checkbox"/> | __ [82] | <input type="checkbox"/> |
| Is this evidence written? (Y, N) | __ [84] | <input type="checkbox"/> | __ [86] | <input type="checkbox"/> | __ [88] | <input type="checkbox"/> | __ [90] | <input type="checkbox"/> |

Vehicle Expenses

| | Vehicle 1 | Prior Year Information | Vehicle 2 | Prior Year Information | Vehicle 3 | Prior Year Information | Vehicle 4 | Prior Year Information |
|-------------------------------|------------------|-------------------------------|------------------|-------------------------------|------------------|-------------------------------|------------------|-------------------------------|
| Total miles for year | _____ [32] | <input type="checkbox"/> | _____ [34] | <input type="checkbox"/> | _____ [36] | <input type="checkbox"/> | _____ [38] | <input type="checkbox"/> |
| Commuting miles | _____ [40] | <input type="checkbox"/> | _____ [42] | <input type="checkbox"/> | _____ [44] | <input type="checkbox"/> | _____ [46] | <input type="checkbox"/> |
| Business miles | _____ [48] | <input type="checkbox"/> | _____ [50] | <input type="checkbox"/> | _____ [52] | <input type="checkbox"/> | _____ [54] | <input type="checkbox"/> |
| Parking fees | + _____ [92] | <input type="checkbox"/> | + _____ [94] | <input type="checkbox"/> | + _____ [96] | <input type="checkbox"/> | + _____ [98] | <input type="checkbox"/> |
| Tolls | + _____ [100] | <input type="checkbox"/> | + _____ [102] | <input type="checkbox"/> | + _____ [104] | <input type="checkbox"/> | + _____ [106] | <input type="checkbox"/> |
| Gasoline | + _____ [108] | <input type="checkbox"/> | + _____ [110] | <input type="checkbox"/> | + _____ [112] | <input type="checkbox"/> | + _____ [114] | <input type="checkbox"/> |
| Oil | + _____ [116] | <input type="checkbox"/> | + _____ [118] | <input type="checkbox"/> | + _____ [120] | <input type="checkbox"/> | + _____ [122] | <input type="checkbox"/> |
| Repairs | + _____ [124] | <input type="checkbox"/> | + _____ [126] | <input type="checkbox"/> | + _____ [128] | <input type="checkbox"/> | + _____ [130] | <input type="checkbox"/> |
| Maintenance | + _____ [132] | <input type="checkbox"/> | + _____ [134] | <input type="checkbox"/> | + _____ [136] | <input type="checkbox"/> | + _____ [138] | <input type="checkbox"/> |
| Tires | + _____ [140] | <input type="checkbox"/> | + _____ [142] | <input type="checkbox"/> | + _____ [144] | <input type="checkbox"/> | + _____ [146] | <input type="checkbox"/> |
| Car washes | + _____ [148] | <input type="checkbox"/> | + _____ [150] | <input type="checkbox"/> | + _____ [152] | <input type="checkbox"/> | + _____ [154] | <input type="checkbox"/> |
| Insurance | + _____ [156] | <input type="checkbox"/> | + _____ [158] | <input type="checkbox"/> | + _____ [160] | <input type="checkbox"/> | + _____ [162] | <input type="checkbox"/> |
| Interest | + _____ [164] | <input type="checkbox"/> | + _____ [166] | <input type="checkbox"/> | + _____ [168] | <input type="checkbox"/> | + _____ [170] | <input type="checkbox"/> |
| Registration | + _____ [172] | <input type="checkbox"/> | + _____ [174] | <input type="checkbox"/> | + _____ [176] | <input type="checkbox"/> | + _____ [178] | <input type="checkbox"/> |
| Licenses | + _____ [180] | <input type="checkbox"/> | + _____ [182] | <input type="checkbox"/> | + _____ [184] | <input type="checkbox"/> | + _____ [186] | <input type="checkbox"/> |
| Property taxes | + _____ [188] | <input type="checkbox"/> | + _____ [190] | <input type="checkbox"/> | + _____ [192] | <input type="checkbox"/> | + _____ [194] | <input type="checkbox"/> |
| Other vehicle expenses | + _____ [196] | <input type="checkbox"/> | + _____ [198] | <input type="checkbox"/> | + _____ [200] | <input type="checkbox"/> | + _____ [202] | <input type="checkbox"/> |
| Vehicle rentals | + _____ [204] | <input type="checkbox"/> | + _____ [206] | <input type="checkbox"/> | + _____ [208] | <input type="checkbox"/> | + _____ [210] | <input type="checkbox"/> |
| Inclusion amt (Preparer only) | _____ [212] | <input type="checkbox"/> | + _____ [214] | <input type="checkbox"/> | + _____ [216] | <input type="checkbox"/> | + _____ [218] | <input type="checkbox"/> |
| Depreciation | + _____ [220] | <input type="checkbox"/> | + _____ [222] | <input type="checkbox"/> | + _____ [224] | <input type="checkbox"/> | + _____ [226] | <input type="checkbox"/> |

Preparer use only

Activity name _____

Use the comments section to provide additional information about the asset. Enter information such as vehicle mileage (total, commuting and business), the total and business square footage of home, home expenses (total and business portion). See the EXAMPLE asset below.

| | | Description of Asset Acquired | Date Acquired | Cost or Basis |
|----------------|-----------|--|---------------|---------------|
| EXAMPLE | | 2023 Model T - (EXAMPLE ASSET) | 03/09/23 | 25,750 |
| | Comments: | 22,500 job-related miles, 25,000 total miles | | |
| 1 | Comments: | | | |
| 2 | Comments: | | | |
| 3 | Comments: | | | |
| 4 | Comments: | | | |
| 5 | Comments: | | | |
| 6 | Comments: | | | |
| 7 | Comments: | | | |
| 8 | Comments: | | | |
| 9 | Comments: | | | |
| 10 | Comments: | | | |
| 11 | Comments: | | | |
| 12 | Comments: | | | |
| 13 | Comments: | | | |
| 14 | Comments: | | | |
| 15 | Comments: | | | |
| 16 | Comments: | | | |
| 17 | Comments: | | | |
| 18 | Comments: | | | |
| 19 | Comments: | | | |
| 20 | Comments: | | | |
| 21 | Comments: | | | |
| 22 | Comments: | | | |
| 23 | Comments: | | | |
| 24 | Comments: | | | |
| 25 | Comments: | | | |

Diligence Questions

SELF EMPLOYMENT DILIGENCE

Description of business (*Type of work, service rendered, product sold, business location, hours of operation*) _____

EIN# _____ Any Employees? _____ # years in business _____

What kind of records do you keep? *Check mark below*

| | | | | | |
|-------------------------|--|-----------------------|--|---------------------|--|
| Customer receipt book | | Accounting Records | | Business Stationary | |
| Paid expense receipts | | Log Books | | Car Travel log | |
| Computer records | | Business Bank Acct | | Car/Truck Expense | |
| Ledgers | | Suppliers | | Client Statements | |
| Advertising | | Rental Expense | | Insurance | |
| Form 1099 Misc received | | Form 1099 Misc issued | | Other: | |

Business Phone _____ Business Website _____

Business Address _____

How do you advertise? _____

Do you have a license? _____ Is a license required for your occupation? _____

Did you file state and/or local sales tax returns for the tax year? _____

How Did you calculate your income? _____

How Did you calculate your expenses? _____

If you do not have any business expenses, explain why _____

Preparer Notes: _____

Taxpayer Signature (Business Owner/Subcontractor) _____ Date _____

MILEAGE

DISCUSSED WITH TAXPAYER THE MEHOD OF RECORDKEEPING FOR MILEAGE AND GAVE TAXPAYER A CALENDAR TO LOG IN DAILY MILEAGES FOR BUSINESS PURPOSES. DISCUSSED WITH TAXPAYER THE WAY TO LOG BEGINNING OF YEAR AND END OF YEAR ODOMETER READINGS.

WENT OVER THE REQUIREMENT OF NEEDING 3RD PARTY VERIFICATION FOR ODOMETER READINGS. (SAVED PROOF OF SERVICE RECORDS)

WENT OVER THE STANDARD MILEAGE RATE AND WHAT EXPENSES IT COVERS SUCH AS REPAIRS, LICENSE, FLUIDS, FUEL, ETC. THE ONLY EXPENSE THAT CAN BE USED IN ADDITION TO THE STANDARD MILEAGE RATE IS INTEREST PAID ON A LOAN FOR THE VEHICLE IF IN THE CASE OF THE SCHDEULE C TAXPAYER.

SIGNATURES:

TAXPAYER: _____ DATE: _____

SPOUSE: _____ DATE: _____
