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This form assists you in gathering the information you will need to file your business taxes.

BUSINESS EXPENSES LIST

Business Name: _____
 Fed EIN #: _____
 Business Owner: _____
 SSN #: _____
 Business phone #: _____
 Address: _____
 Accounting method: Cash Accrual Other (Specify) _____
 Any partnership/shareholders: _____

Inventory at the beginning of the year \$: _____
 Inventory purchases during the year \$: _____
 Ending inventory for the year \$: _____

Total Yearly Revenue \$: _____
 Total Yearly Expenses \$: _____
 Did you purchase equipment Yes No
 First time filing Schedule C? Yes No
 Did you use your home in connection with this business? Yes No

GENERAL EXPENSES

	Amount	Have receipts (initial)	Have check, credit card statement or documentation
Advertising			
Commissions and Fees			
Contractor Labor			
Insurance other than health			
Mortgage interest			
Other interests (except vehicle)			
Legal and Professional Services			
Office Expenses (rent)			
Utilities			
Phone / Internet			
Subscriptions			

	Amount	Have receipts (initial)	Have check, credit card statement or documentation
Vehicle, machinery & equipment			
Lease Machine / Equipment			
Maintenance / Repairs			
Supplies			
Taxes Real Estate			
Taxes -Other			
Licenses			
Travel			
Meals and entertainment			
Wages Paid			
Other expense			

VEHICLE EXPENSES

Vehicle: year, make, & model:
Cost of vehicle:
Date place in service:
Do you have a millage log or other written records support your miles driven: <input type="checkbox"/> Yes <input type="checkbox"/> No
Total millage driven:
Business miles driven:

Commuting miles:
Parking Fees and Tolls \$:
Gasoline, lube, oil \$:
Tires, repairs \$:
Insurance:
License plate fees/ property tax \$:

We prepare your tax return from the information you provide. Upon examination of the tax return by taxing authorities, request may be made to provide the underlying data. We therefore recommend that you preserve all records, which you may be called upon to produce in the connection with such an examination.

I/we certify that the information on this form and any other form submitted is complete and correct.

Client Signature _____ Secondary Taxpayer Signature _____ Date: _____