

TAXPlus of New Jersey

"Your Money. Your Future. Our Goal"

Business Expense Checklist

Name of Proprietor: _____

Company Name: _____

Address: _____

EIN#: _____ Social Security#: _____

Tax Year: _____

Gross Receipts \$ _____

Advertisement \$ _____

Contract Labor \$ _____

Business Insurance \$ _____

Financial Institute Fees \$ _____
(merchant services free, overdraft fees, etc.)

Legal or Professional Services \$ _____

Office Expenses \$ _____
(pens, paper, cleaning supplies, etc.)

Rent or lease (vehicle or equipment)
\$ _____

Rent or lease (office/garage) \$ _____

Repairs & Maintenance \$ _____

Supplies \$ _____
(cost of materials needed to make product)

State Taxes & Licenses \$ _____

Travel \$ _____

Meals \$ _____
(*no fast food write offs)

Utilities \$ _____
(electricity, water & natural gas from rented office/garage)

Website \$ _____
(domain, hosting etc.)

Other Business Expenses:

_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

Business miles driven _____
(for the year)

X _____
Proprietor Signature

Date