



# Business Income and Expenses

First Name			Last Name			Tax Year	
Business Name				*Business Type			
Business Address [check if same as home address]:			<input type="checkbox"/>				
If we have the information from a previous filing, check On File.			Business Start Date		On File	<input type="checkbox"/>	
Business is registered with the state:		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what state		On File	<input type="checkbox"/>	
Business is registered with the IRS:		Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, list EIN		On File	<input type="checkbox"/>	
Business entity:	Sole Proprietor <input type="checkbox"/> Single Member LLC <input type="checkbox"/> Non-profit <input type="checkbox"/> None of these <input type="checkbox"/>				On File	<input type="checkbox"/>	

(section A) **BUSINESS INCOME**

*Total cash received or additional sales	\$
Total of all 1099s (NEC, Misc, K) income for this business type <b>if forms not submitted</b>	\$

(section B) **BUSINESS EXPENSES**

Use the grid for itemizing

8	Advertising:	\$		\$
10	Commission and fees (paid in staffing, payment processing, bank fees, storage fee )	\$		\$
11	Contract labor (amount paid to employee that company does not withhold taxes for):	\$		\$
14	Employee health insurance and benefits:	\$		\$
15	Insurance for property or business (not home or vehicle):	\$		\$
16a	Interest for mortgage (for additional business property not home office):	\$		\$
16b	Interest for loans and credit cards used for business:	\$		\$
17	Legal and professional services (attorneys, consultants, educators, image agents):	\$		\$
18	Office expenses (electronics, furniture, subscriptions):	\$		\$
19	Pension / Profit Sharing (paid to employees):	\$		\$
20a	Rent or lease vehicle (not personal vehicle):	\$		\$
20a	Rent or lease equipment or machinery:	\$		\$
20b	Rent or lease property (not home office):	\$		\$
21	Repairs & maintenance of office (not home office):	\$		\$
22	Supplies (materials, clothing for business, cleaning supplies, etc.):	\$		\$
23	Taxes and licenses:	\$		\$
24a	Travel (transportation and lodging):	\$		\$
24b	Tracked business meals in or out of a restaurant (50% deduction):	\$		\$
24b	Tracked business meals for those under DOT regulations (80% deduction):	\$		\$
25	Utilities [please use the breakdown table] (list home office utilities on p3)		<b>Utility Breakdown Table</b>	
26	Wages for employees (they must be hired as an employee):	\$	Cell Phone	\$
48	Miscellaneous Expense (list it):	\$	Internet	\$
48	Miscellaneous Expense (list it):	\$	Office Utilities	\$

## BUSINESS VEHICLE DEPRECIATION EXPENSE

(section C)

**Disclaimer:** This is the vehicle depreciation section. By adding a vehicle used in business, you agree to keep records of the mileage and maintenance. If the vehicle is removed from business, you will report that action the following tax year. Tax code permits you to pick between mileage and maintenance depreciation. Which ever is greater.

### VEHICLE used for BUSINESS

	Vehicle 1		Vehicle 2		Vehicle 3	
<b>*Year Make</b>						
<b>*Model</b>						
Purchase Price	\$ _____	on file	\$ _____	on file	\$ _____	on file
Purchase Date	____/____/____	on file	____/____/____	on file	____/____/____	on file
Start date used for business	____/____/____	on file	____/____/____	on file	____/____/____	on file
Check if vehicle is leased	<input type="checkbox"/> Leased Vehicle		<input type="checkbox"/> Leased Vehicle		<input type="checkbox"/> Leased Vehicle	
<b>If any of these vehicles were removed from business in the tax year, then you must answer all three following questions.</b>						
<i>Business end date mm/dd/yyyy</i>	____/____/____		____/____/____		____/____/____	
<i>Reason for ending (select one)</i>	Sold	Traded	Sold	Traded	Sold	Traded
	Dissolved	Lost	Dissolved	Lost	Dissolved	Lost
<i>Amount received</i>	\$ _____		\$ _____		\$ _____	

### VEHICLE MILEAGE DEPRECIATION

List your miles for the tax year. For any vehicle legally registered to the business, the total miles and business miles will be the same.

<b>*Total miles</b>			
<b>*Business miles</b>			
<b>Current mileage</b>			

### VEHICLE MAINTENANCE DEPRECIATION

[1] Fuel Cost			
[1] Oil Change			
[2] Repairs			
[2] Maintenance			
[2] Tires			
[3] Parking Fees			
[4] Insurance			
[5] Total lease payment			
[6] Vehicle loan interest			
[6] Property Tax			
[7] misc:			
[7] misc:			

## BUSINESS HOME OFFICE EXPENSES FOR HOMEOWNERS RENTERS

(section D)

<b>(Office 1)</b>		Address of home office:				
1	R/O	Select Rent or Own for this property:			Rent	Own
2	R/O	Start date of office usage:		End date of office usage:		
3	R/O	List the square footage of the home/rental space:	On file <input type="checkbox"/>		# sq ft	
4	R/O	List the square footage of the office space:	On file <input type="checkbox"/>		# sq ft	
5	R	List your <b>monthly</b> rental cost in the amount section:			\$	
6	O	List the value of the home in the tax year (we compare your answer with the FMV):			\$	
7	O	We will value your land at 20% of the home value unless otherwise noted:			\$	
8	O	How much did you pay in real estate / property tax (1098-mort):			\$	
9	O	How much did you pay in mortgage interest (1098-mort):			\$	
10	R/O	How much did you pay in homeowners' insurance OR renters' insurance:			\$	
11	R/O	List <b>monthly</b> amount paid for utilities in the amount section:				
		•Electric			\$	
		•Gas			\$	
		•Other			\$	
12	R/O	List the type and the amount paid for maintenance and repairs of the home:				
	a)					
	b)					
13	R/O	List expense for the home office directly:				
	a)					
	b)					

<b>(Office 2)</b>		Address of home office:				
1	R/O	Select Rent or Own for this property:			Rent	Own
2	R/O	Start date of office usage:		End date of office usage:		
3	R/O	List the square footage of the home/rental space:	On file <input type="checkbox"/>		# sq ft	
4	R/O	List the square footage of the office space:	On file <input type="checkbox"/>		# sq ft	
5	R	List your <b>monthly</b> rental cost in the amount section:			\$	
6	O	List the value of the home in the tax year (we compare your answer with the FMV):			\$	
7	O	We will value your land at 20% of the home value unless otherwise noted:			\$	
8	O	How much did you pay in real estate / property tax (1098-mort):			\$	
9	O	How much did you pay in mortgage interest (1098-mort):			\$	
10	R/O	How much did you pay in homeowners' insurance OR renters' insurance:			\$	
11	R/O	List <b>monthly</b> amount paid for utilities in the amount section:				
		•Electric			\$	
		•Gas			\$	
		•Other			\$	
12	R/O	List the type and the amount paid for maintenance and repairs of the home:				
	a)					
	b)					
13	R/O	List expense for the home office directly:				
	a)					
	b)					