



# Business Income and Expenses

**Your Name:** \_\_\_\_\_ **Calendar Year:** \_\_\_\_\_ [If data is on file from previous, check the box]

Business Name:				*Type of business:		
Business address:				Business Start Date:		On file <input type="checkbox"/>
Business registered with the state:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what state:			On file <input type="checkbox"/>	
Business 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 of all 1099-NEC income for this business type:	\$
Total of all 1099-Misc income for this business type:	\$
Total merchant card sales for this business type [1099-K if applicable]:	\$
Total cash receipts or additional gross sales:	\$

## (section B) BUSINESS EXPENSES

Advertising:	\$	<u>Detail Breakdown any expense</u>	
Commission and fees (paid in staffing, referral cost, payment processing, bank fees):	\$		\$
Contract labor (an amount paid to someone for work done non-wager):	\$		\$
Employee health insurance and benefits:	\$		\$
Insurance for property or business (not home or vehicle):	\$		\$
Interest for loans and credit cards used for business:	\$		\$
Interest for mortgage (for additional business property not home office):	\$		\$
Legal and professional services (attorneys, consultants, educators, image agents):	\$		\$
Office expenses (electronics, furniture, subscriptions):	\$		\$
Pension / Profit Sharing (paid to employees):	\$		\$
Rent or lease vehicle (not personal vehicle):	\$		\$
Rent or lease equipment or machinery:	\$		\$
Rent or lease property (not home office):	\$		\$
Repairs & maintenance of office (not home office):	\$		\$
Supplies (materials, clothing for business, cleaning supplies, etc.):	\$		\$
Taxes and licenses:	\$		\$
Travel (transportation and lodging):	\$		\$
Tracked business meals in or out of a restaurant (50% deduction):	\$		\$
Tracked business meals for those under DOT regulations (80% deduction):	\$		\$
Utilities (not home office)[please use the breakdown table]	\$	<u>Utility Breakdown</u>	
Wages for employees (they must be hired as an employee):	\$	Cell Phone	\$
Misc. Expense:	\$	Internet	\$
Misc. Expense:	\$	Other Utilities	\$
Misc. Expense:	\$		

VEHICLE DEPRECIATION

**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.

(section C) VEHICLE used for BUSINESS

	Vehicle 1		Vehicle 2		Vehicle 3	
*Year Make						
*Model						
Purchase Price	On file <input type="checkbox"/>	\$	On file <input type="checkbox"/>	\$	On file <input type="checkbox"/>	\$
Start date used for business	On file <input type="checkbox"/>		On file <input type="checkbox"/>		On file <input type="checkbox"/>	
Check if vehicle is leased	<input type="checkbox"/> Leased vehicle		<input type="checkbox"/> Leased vehicle		<input type="checkbox"/> Leased vehicle	
Business end date						
Reason for ending						
Amount received	\$		\$		\$	

VEHICLE MILEAGE DEPRECIATION

If any vehicle is registered to the business, then check the appropriate box.			V1 <input type="checkbox"/>   V2 <input type="checkbox"/>   V3 <input type="checkbox"/>
Enter the Days per Week <b>OR</b> Days in the Year the vehicle was used for business. If the vehicle is registered to business then skip this question.			
___ Days per WK / ___ Days in the Yr		___ Days per WK / ___ Days in the Yr	
*Total miles in the year			
*Business miles in the year			

VEHICLE MAINTENANCE DEPRECIATION

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

(Page 3) Your Name: \_\_\_\_\_ Business: \_\_\_\_\_ Tax Year: \_\_\_\_\_

*(section D)* HOME OFFICE EXPENSE FOR HOMEOWNERS

1	Address of home office:		
2	Start date for home office usage:	On file <input type="checkbox"/>	
3	How many months in the year did you occupy the residence:		
4	List the square footage of the home:	On file <input type="checkbox"/>	sq ft
5	List the square footage of the office space:	On file <input type="checkbox"/>	sq ft
6	List the value of the home:		\$
7	List the value of the land (if unknown we will default to 25% of the home's value):		\$
8	Did you get a form 1098 from your lender:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No mortgage
9	If no 1098, how much did you pay in real estate / property tax:		\$
10	If no 1098, how much did you pay in homeowners' insurance:		\$
11	List the type and the amount paid for maintenance and repairs of the home:		
	a.)		\$
	b.)		\$
	c.)		\$
12	List amount paid for utilities:		\$
13	List any expense for the home office only directly:		
	a.)		\$
	b.)		\$
	c.)		\$

*(section E)* OFFICE EXPENSE FOR RENTERS

1	Address of rental location:		
2	Start date of office usage:		
3	How many months in the year did you occupy the rental unit:		
4	List the square footage of the rental unit:	On file <input type="checkbox"/>	sq ft
5	List the square footage of the office space:	On file <input type="checkbox"/>	sq ft
6	What was your total rent cost for the year:		\$
7	List the amount paid for utilities:		\$
8	List the amount paid renters' insurance:		\$
9	List the type and any additional expense for the rental office:		
	a.)		\$
	b.)		