

T-N-C Business Reconstruction of Income and Expenses Form

Please Fill Out the Following Information in Regards to Your Business.

PRINCIPAL BUSINESS OR PROFESSIONAL BUSINESS NAME			
BUSINESS ADDRESS/CITY/STATE/ZIP			
EMPLOYER ID NUMBER (if any)			
Please Check: Yes / No / N/A	Yes	No	N/A
Are you the owner of the business?			
Is the business a D.B.A.?			
Is the business a Partnership?			
Is the business an LLC?			
Is the business a Corporation?			
Last tax year business returns filed _____ Do you have a copy?			
Did you use a log book to document your gross receipts?			
If you did NOT use a log book, can you reasonably reconstruct your Gross Receipts?			
Did you use a log book to document your expenses?			
If you did NOT use a log book, can you reasonably reconstruct your expenses?			
How were you paid? <input type="checkbox"/> Owner Draws <input type="checkbox"/> W-2 wages <input type="checkbox"/> 1099 wages			
Did you receive a Form 1099-NEC, box 1 income?			
Did you receive any other income not reported on Form 1099-NEC?			
Did you pay anyone to work for you?			
Did you issue them a Form 1099-NEC or Form W-2?			
Do you need assistance with preparing payroll taxes (quarterly or annual returns based on business)? last payroll tax deposit made to IRS _____ last payroll deposit made to state agency _____			
Did you file a W-3? Last W-3 filed? _____			

INFORMATION ABOUT YOUR VEHICLE

What are you using the vehicle for in your business?		
When did you place your vehicle in service for business purposes? (month/day/year)		
What was the cost to purchase the vehicle?		
Which method are you using this year: <input type="checkbox"/> Standard Mileage Rate or <input type="checkbox"/> Actual Expenses		
Of the total number of miles you drove the vehicle from January 1 – June 30, 2022, how many miles was the vehicle used for:		
a) Business	b) Commuting	c) Other
Of the total number of miles you drove the vehicle from July 1 - December 31, 2022, how many miles was the vehicle used for:		
a) Business	b) Commuting	c) Other
Which method did you use in the first year you used your vehicle for business? <input type="checkbox"/> Standard Mileage Rate or <input type="checkbox"/> Actual Expenses		
Was the vehicle available for personal use during off-duty hours: <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Was another vehicle available for personal use? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Do you have written evidence to support your deduction? <input type="checkbox"/> Yes or <input type="checkbox"/> No		

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Summary of Income for: _____ (Tax Year)

January	February	March	April	May	June
July	August	September	October	November	December

Summary of Expenses for: _____ (Tax Year)

January	February	March	April	May	June
July	August	September	October	November	December

Please provide a breakdown of your business expenses per category below for the entire tax year.

Advertising Fees	\$	Rent or Lease:	\$
Commissions and Fees	\$	a) Vehicles, Machinery, Equipment	\$
Contract Labor	\$	b) Other Business Property	\$
Prior Depreciation (provide copy of last year's depreciation worksheet)	\$	Repairs and Maintenance	\$
Purchased Items to Use in the Business with a Useful Life of Over a Year (Please List)	\$ \$ \$ \$	Supplies Used in the Business	\$
			\$
Employee Benefits Programs	\$	Taxes and Licenses	\$
Interest on Business Loans:	\$	Deductible Meals while Away Overnight	\$
a) Mortgage (paid to bank)	\$	Deductible Meals if a Daycare Facility	\$
b) Other	\$	Necessary Entertainment Expenses	\$
Legal and Professional Services	\$	Utilities (telephones only if a second line in home)	\$
Cost of Last Year's Business Tax Return	\$	Other Expenses (identify)	\$
Office Expenses	\$		\$

I acknowledge that I have receipts and records regarding my personal business in my possession. I have provided the above summary to T-N-C Consulting for the preparation of my business tax return and did/ did not provide them with all of the receipts and records.

Signature: _____

Date: _____