| Depreciation   |                   |      |                           |                                      |               |                       |  |
|----------------|-------------------|------|---------------------------|--------------------------------------|---------------|-----------------------|--|
| Business Name: |                   |      |                           |                                      |               |                       |  |
| Asset          | Date<br>Purchased | Cost | Date Placed<br>in Service | Date Sold or Taken<br>Out of Service | Selling Price | Trade-In<br>Allowance |  |
|                |                   |      |                           |                                      |               |                       |  |
|                |                   |      |                           |                                      |               |                       |  |
|                |                   |      |                           |                                      |               |                       |  |
|                |                   |      |                           |                                      |               |                       |  |
|                |                   |      |                           |                                      |               |                       |  |
|                |                   |      |                           |                                      |               |                       |  |
|                |                   |      |                           |                                      |               |                       |  |
|                |                   |      | _                         |                                      |               |                       |  |
|                |                   |      | _                         |                                      |               |                       |  |
|                |                   |      |                           |                                      |               |                       |  |
|                |                   |      |                           |                                      |               |                       |  |
|                |                   |      |                           |                                      |               |                       |  |

## Business Expenses Worksheet

*TAX YEAR* 2019



Medack & Oltmann, LLP

Certified Public Accountants

| Inventory                               |  |
|---|--|
| Inventory at the beginning of the year  |  |
| Purchases                               |  |
| Cost of labor                           |  |
| Materials and supplies                  |  |
| Other costs                             |  |
| Minus: Inventory at the end of the year |  |
| Total                                   |  |

| Car Expenses                  |                    |  |  |  |  |  |
|-------------------------------|--------------------|--|--|--|--|--|
| Mileage                       | Actual Expenses    |  |  |  |  |  |
| Beginning of year<br>odometer | Gas/oil            |  |  |  |  |  |
| End of year<br>odometer       | Insurance          |  |  |  |  |  |
| Business mileage              | Parking fees/tolls |  |  |  |  |  |
| Commuting mileage             | Registration/fees  |  |  |  |  |  |
| Other mileage                 | Repairs            |  |  |  |  |  |

## **Contact Us**

There are many events that occur during the year that can affect your tax situation. Preparation of your tax return involves summarizing transactions and events that occurred during the prior year. In most situations, treatment is firmly established at the time the transaction occurs. However, negative tax effects can be avoided by proper planning. Please contact us in advance if you have questions about the tax effects of a transaction or event, including the following:

- Pension or IRA distributions.
- Significant change in income or deductions.
- Job change.
- Marriage.
- Attainment of age 59½ or 70½.
- Sale or purchase of a business.
- Sale or purchase of a residence or other real estate.

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- Retirement.
- Notice from IRS or other revenue department.
- Divorce or separation.
- Self-employment.
- 70½. Charitable contributions
  - of property in excess of \$5,000.

Bastrop Office: 115 W Loop 150

Bastrop, TX 78602 512-321-3951

Giddings Office: 321 N Main St Giddings, TX 78942 979-542-3713

## Business Expenses Worksheet

## **Business Name:**

| Business N |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       | ,         |       |       |
|------------|-------------|-------------------------|----------------|---------------------------------|-------------------------------------|----------|-----------------------------------|----------------|--|---------------|----------------------------|----------|-----------------------|-----------|-------|-------|
| Date       | Advertising | Commissions<br>and Fees | Contract Labor | Employee<br>Benefit<br>Programs | Insurance<br>(other than<br>health) | Interest | Legal and<br>Professional<br>Fees | Office Expense | Pension and<br>Profit-Sharing<br>Plans | Rent or Lease | Repairs and<br>Maintenance | Supplies | Taxes and<br>Licenses | Utilities | Wages | Other |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
|            |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |
| Totals     |             |                         |                |                                 |                                     |          |                                   |                |  |               |                            |          |                       |           |       |       |

| Business Use of Home              |              |          |                        |           |          |  |  |  |
|-----------------------------------|--------------|----------|------------------------|-----------|----------|--|--|--|
| All Ta                            | xpayers      |          | For Daycare Only       |           |          |  |  |  |
| Business use are (square footage) |              |          | Hours used for daycare |           |          |  |  |  |
| Total area of home (squ           | are footage) |          | Total hours in year    | 8,760 hrs |          |  |  |  |
|                                   | Direct       | Indirect |                        | Direct    | Indirect |  |  |  |
| Mortgage interest                 |              |          | Repairs & Maintenance  |           |          |  |  |  |
| Property taxes                    |              |          | Utilities              |           |          |  |  |  |
| Insurance                         |              |          | Other:                 |           |          |  |  |  |
| Rent                              |              |          | Other:                 |           |          |  |  |  |
| Depreciation of the Hor           | ne           |          |                        |           |          |  |  |  |
| Lower of cost or FMV              |              |          | Improvements           |           |          |  |  |  |
| Value of land                     |              |          | Casualty loss          |           |          |  |  |  |

| Travel Expenses             |           |                         |  |  |  |  |
|-----------------------------|-----------|-------------------------|--|--|--|--|
| City Visited (for per diem) | # of days | Travel Expenses         |  |  |  |  |
|                             |           | Airfare                 |  |  |  |  |
|                             |           | Bus, train, taxi        |  |  |  |  |
|                             |           | Lodging                 |  |  |  |  |
|                             |           | Parking & tolls         |  |  |  |  |
|                             |           | Meals (actual receipts) |  |  |  |  |
|                             |           | Other:                  |  |  |  |  |