

DIRECT SELLER DEDUCTIONS

Client: _____

Tax Year _____

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

Inventory	
Inventory at Beginning of Year	
Purchases	
Cost of Items Personally Used	
Other Costs	
Inventory at End of Year	

Sales Expenses	
Advertising	
Business Cards	
Bank Charges	
Catalogues	
Commissions	
Demos	
Freight	
Gifts	
Kits	
Map Books	
Postage	
Refunds	
Sales Aids	
Sales Assistants	
Samples & Promotional Items	
Seminars & Trade Shows	
Service Charges - PayPal or CC	
Snacks & Beverages	
Storage Containers	
Storage Fees	
Supplies - Meeting\Party	
Supplies - Misc	
Supplies - Office	
Other _____	
Other _____	
Total	

Professional	
Dues	
Insurance	
License	
Publications	
Other _____	
Other _____	
Total	

Telephone	
Long Distance	
Faxes	
Internet	
Cellular	
2nd Line	
Beeper/Pager	
Answering Service	
Other _____	
Other _____	
Total	

Equipment	
Attache Case	
Calculator	
Desk	
Display Tables	
Camera	
Filing Cabinet	
Cell Phone	
Telephone	
Other _____	
Other _____	
Total~9	

Vehicle & Travel
See Vehicle, Travel & Entertainment Worksheet

Other Information

Provided By: Randall S. van Reken, EA - The Tax Man LLC
8925 West Russell Road - Ste 145
Las Vegas NV 89148
Tel: (702) 364-2520 Fax: (702) 413-7885
Toll Free Voice/Fax - (855) 364-2520

rvanreken@thetaxmanllc.com

VEHICLE, TRAVEL & ENTERTAINMENT EXPENSE

Client: _____

Tax Year: _____

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Vehicle Expense	
Description of vehicle	
Date placed in service	
Odometer reading beginning of year	
Odometer reading end of year	
Total miles	
Business miles	
Commute miles	
Daily average round-trip commute	
Personal miles	
Gas, lube, oil	
Repairs & Maintenance	
Tires	
Towing	

Vehicle Expense	
Insurance	
Auto license/reg	
Washes and Detailing	
Lease payments	
Interest	
Auto club	
Warranty	
Smog Certificate	
Other _____	
Other _____	
Total	

Travel & Entertainment Expense	
Airfare, train	
Car rental & gas	
Parking, tolls	
Taxi, bus, shuttles	
Lodging	
Meals	
Entertainment	
Tips	
Telephone	
Dry Cleaning	
Number of days out of town	
Other _____	
Other _____	
Total	

Other Information

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