AFFIDAVIT OF EXPENSES

DATE PREPARATION: YEAR TAX: SSN/ITIN-EIN:	
NAME TAXPAYER PHONE: BUSINESS:	
ADDRESS:	
ADVERTISING $ (Publicidad)	RENTAL EXPENSES $ (Pago de Renta)
BUSINESS TRAVEL $ (Viajes de negocios)	REPAIR AND MAINTENANCE $ (Reparacion y Mantenciones)
COMMISSION $ (Comisiones)	SUPPLY $ (Materiales)
COMMUNICATIONS $ (Communicaciones)	TAXES AND LICENSE $ (Licencias e Impuestos)
CONTRACT INDEPENDENT (1099 NEC) $ (Contratistas Independientes)	UTILITIES $ (Utilidades)
INSURANCE BUSINESS $ (Seguro de negocios)	OTHER MISCELLANEOUS $ (Otros Gastos)
INTEREST PAYMENT $ (Pago de Intereses)	BUSINESS VEHICLE EXPENSES $ (Gastos de Vehiculo del negocio)
LEGAL AND PROFESSIONAL FEES $ (Gastos profesionales y legales)	MAKE /MOD/YEAR (Marca /Modelo/año)
MEALS $ (Comidas solo negocio)	TOTAL MILES BUSINESS (Millas negocios)
OFFICE EXPENSES $ (Gastos de oficina)	Gas $ (Gasolina/Diesel)
OTHER EXPENSES 1 $	INSURANCE $ (Seguro)
OTHER EXPENSES 2 $	OTHER EXPENSES $
NOTE (NOTAS):	

I _____hereby declare that the detail of expenses detailed above, corresponds to information that I have delivered to Evalroad Tax & Accounting LLC for the preparation of my Tax Return Report and all this information is my sole responsibility.

(Yo declaro mediante la presente que el detalle de gastos arriba detallado, corresponde a información que he entregado a Evalroad Tax & Accounting LLC para la confección de mis Tax Return Report y toda esta información es de mi entera responsabilidad)

_____

SIGNATURE / FIRMA

State of Texas

County of _____

This instrument was acknowledged before me this _____day of_____, 20____By _____ (name Taxpayer)

NOTARY SEAL

_____

Signature of Notary Public

Commission Expires: _____