

BUSINESS or SELF-EMPLOYED EXPENSES

YEAR:

Note: you must have written evidence (e.g. receipt) for all business expense items.

Type of business or self-employed activity:

TOTAL INCOME:

| Expense Category | Amount | Business Percent | Deductible Business Expenses | |
|-------------------------------------------------------------------------|--------|------------------|------------------------------|----------------------------|
| Cell phone | \$ | % | Advertisement | Mortgage interest |
| Land-line Phone: | \$ | % | Bank charges | Office furniture |
| DSL/Internet connection fee | \$ | % | Books, magazines | Office Supplies |
| Other expenses -> see the list to the right, and enter below. | | | Business license fees | Outside services |
| | \$ | % | Casualty losses | Penalties, fines |
| | \$ | % | Conference fees | Postage and shipping |
| | \$ | % | Consultation fees | Profess. Certification fee |
| | \$ | % | Copying | Profess. Organization dues |
| | \$ | % | Employee benefits | Professional Education |
| | \$ | % | Entertainment and meals | Protective clothing |
| | \$ | % | Equipment | Real estate tax |
| | \$ | % | Gifts to costumers | Rent – building |
| | \$ | % | Health insurance premium | Rent – equipment |
| | \$ | % | Insurance – property | Repairs and maintenance |
| | \$ | % | Interest paid | Safe deposit box |
| | \$ | % | Laundry | Storage fee |
| | \$ | % | Legal expenses | Tools over \$400 |
| | \$ | % | Liability insurance | Tools under \$400 |
| | \$ | % | Mail box fee | Travel for business |
| | \$ | % | Malpractice insurance | Utilities |
| | \$ | % | Materials and supplies | Wages, paid labor |

Notes, questions:

If you had no car expenses or home office expenses, you are finished with the business expenses.

- **Car and Truck Expenses:** if you used your own vehicle for this business or self-employed activity, please fill out the Vehicle Expenses Sheet on the next page.
- **Home Office Expenses:** If you used part of your home as an office or place of work for this business, please fill out the Home Office Expenses worksheet on the next page.

VEHICLE EXPENSES (Vehicle #1)

| | | | | |
|---------------------------------------------------------------------------|----------------------------------|---------------------------------------|------------------------------------|---------------------------------------------------------------------------------|
| Make &Year: | Own <input type="checkbox"/> | Lease <input type="checkbox"/> | Rent <input type="checkbox"/> | Date first used for business: |
| Date of purchase: | Purchase price: \$ | If lease or rent, monthly payment: \$ | | |
| Total miles (business + personal + commuting) driven during the tax year: | | Miles driven for business: | | |
| Registration fee: \$ | Car insurance (for the YEAR): \$ | Tolls and parking: \$ | {help} | |
| Gasoline: \$ | Oil, repair, maintenance:\$ | | | |
| Do you or your spouse have another car? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Was your car available for personal use during off-duty hours? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Do you have evidence to support your deduction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If "yes", is the evidence written? | Yes <input type="checkbox"/> {help} No <input type="checkbox"/> |

Please use a separate Vehicle Expense Sheet for each vehicle you used for the same business.

VEHICLE EXPENSES (Vehicle #2)

| | | | | |
|---------------------------------------------------------------------------|----------------------------------|---------------------------------------|------------------------------------|---------------------------------------------------------------------------------|
| Make &Year: | Own <input type="checkbox"/> | Lease <input type="checkbox"/> | Rent <input type="checkbox"/> | Date first used for business: |
| Date of purchase: | Purchase price: \$ | If lease or rent, monthly payment: \$ | | |
| Total miles (business + personal + commuting) driven during the tax year: | | Miles driven for business: | | |
| Registration fee: \$ | Car insurance (for the YEAR): \$ | Tolls and parking: \$ | {help} | |
| Gasoline: \$ | Oil, repair, maintenance:\$ | | | |
| Do you or your spouse have another car? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Was your car available for personal use during off-duty hours? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Do you have evidence to support your deduction? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If "yes", is the evidence written? | Yes <input type="checkbox"/> {help} No <input type="checkbox"/> |

If you used more than two vehicles for this business, send us an email and we will send you additional Vehicle Expenses sheets.

HOME OFFICE EXPENSES

IMPORTANT! Home office expenses are a sensitive issue with the IRS, often raising a red flag. Deduct these expenses only if you use part of your home for business (including bookkeeping) **regularly** and **exclusively**:

| | | | | |
|-----------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------|------------------------------------|--|
| Do you own or rent your home? | Own <input type="checkbox"/> | Rent <input type="checkbox"/> | If you rent, monthly rent: \$ | |
| If you own, date you bought your home: | Purchase price: \$ | | | |
| Enter either : | percent of total area of home used as your office: | % | | |
| Or : | Total area of your home (square feet): | and | Area of your office (square feet): | |
| Home insurance, or Renter's insurance for the tax YEAR (12 x monthly premium): \$ | | | | |
| Utilities (YEAR = 12 x month) | For whole house: \$ | Exclusively for home office only: \$ | | |
| Repair and maintenance | For the whole house: \$ | Exclusively for home office only: \$ | | |