

Business or Profession

Business Name

Business Address

City, State and Zip Code

Date

EIN#

Month and Year
Business started

Business Income Total (annual) \$

Only expenses related to your business are allowed. Please enter the annual total amount for each expense.

Business Cards

Postage

Ads

Flyers

Media/Website

Contract Labor (1099-NEC)

Commission/Referral Fees

Merchant Account Fees (1099-K)

Insurance

Overhead Insurance

Workers' Compensation

Merchandise/Inventory Insurance

Casualty Insurance (Theft, Flood, Fire)

Vehicle Loans Interest

Lines of Credit Interest

Loan Interest

Office/Building Mortgage Interest

Investment Interest

Legal Services

Accountant/Tax Preparation Fee

Legal/Professional Services

Materials

Parts

Equipment/Furniture

Supplies

Repairs and Maintenance

Monthly Bill

Cell Phone

Business/Office Phone

Internet Service

Cable Service

Utilities

Office Supplies

Small Tools

Paper Products
(computer,laptop,tablet,cellphone, earbud,chargers,printer,etc.)

Pension

Profit Sharing

Retirement Plans

PO Box

Vehicle Rental

Machinery Rental

Office Space Rent

Retail Shop Rent

Building Rent

*Must be business related

Lodging

Transportation

Entertainment

Meals

Travel

Bad Debts _____
 Bank Service Charges _____
 Dues & Subscriptions _____
 Trash Removal _____
Other Expenses _____

*Must be business related

Real Estate Tax (office/building) _____
 Personal Property Tax Assets _____
 Licenses and Regulatory Fees _____
 Federal Highway Use Taxes _____

Inventory

Beginning Inventory _____
 Purchases (less personal use) _____
 Labor Costs _____
 Materials/Supplies _____
 Warehouse/Storage Fees _____
 Ending Inventory _____

Taxes and Licenses

Wages (payroll-W-2) _____
State Tax _____
Federal Tax _____
SS Taxes _____
Unemployment Taxes _____

Please enter amount for each. Must be business related expenses Only.

Mileage

Date of Service _____
 Commuting Miles _____
 Commuting Miles per day _____
 Business Miles (Jan-Dec) _____
 Other Miles _____

Depreciation

Office Equipment/Furniture Price _____ Date of purchase _____
 \$ _____

Machinery/Tools Price _____ Date of purchase _____
 \$ _____

Actual

Fuel _____
 Oil _____
 Repairs _____
 Insurance _____
 License _____
 Maintenance _____
 Tolls/parking _____

Vehicle 1 Year/Make/Model Price _____ Date of purchase _____
 \$ _____

Total Business Miles _____

Vehicle 2 Year/Make/Model Price _____ Date of purchase _____
 \$ _____

Total Business Miles _____

Please answer the following questions.

Was your vehicle available during off duty hours? yes ☐ no ☐
 Do you have another vehicle available for personal use? yes ☐ no ☐
 Do you have evidence to support your deduction? yes ☐ no ☐
 If Yes, is evidence written? yes ☐ no ☐

*** By signing below I consent all information entered on this worksheet is true and to the best of my knowledge and can provide proof with receipts or statements.**

Taxpayer Signature

Spouse Signature