BUSINESS or SELF-EMPLOYED EXPENSES

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

Type of business or self-employed activity:

Expense Category	Amount	Business Percent		
Cell phone	\$	%		
Land-line Phone:	\$	%		
Internet	\$	%		
Other expenses -> see the list to the right, and enter below.				
	\$	%		
	\$	%		
	\$	%		
	\$	%		
	\$	%		
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	\$	%		
	\$	%		
	\$	%		

Deductible Business Expenses Advertisement Mortgage interest Bank charges Office furniture **Office Supplies** Books, magazines Business license fees Outside services Casualty losses Penalties, fines Conference fees Postage and shipping Consultation fees Profess. Certification fee Profess. Organization dues Copying 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 Storage fee Laundry Legal expenses Tools over \$400 Liability insurance Tools under \$400 Mail box fee Travel for business Utilities Malpractice insurance Materials and supplies Wages, paid labor

TOTAL INCOME:

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.

YEAR:

VEHICLE EXPENSES (Vehicle #1)					
Make &Year:	Own 🗌 Lease 🗌 Rent 🗌 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 No					
Was your car available for personal use during off-duty hours? Yes No					
Do you have evidence to support your deduction? Yes No No If "yes", is the evidence written? Yes Alep No No No					

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

VEHICLE EXPENSES (Vehicle #2)					
Make &Year:	Own 🗌 Lease 🗌 Rent 🗌 Date first used for	or 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 No					
Was your car available for personal use during off-duty hours? Yes No					
Do you have evidence to support your deduction? Yes No No If "yes", is the evidence written? Yes <u>{help}</u> No					

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 C Rent I 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: \$		