

Expenses

Advertising & Marketing		
Media advertising	\$ _____	.00
Internet advertising	\$ _____	.00
Promo & imprinted items	\$ _____	.00
Recruitment Advertising	\$ _____	.00
Seminars	\$ _____	.00
Direct Mail including postage for mailers	\$ _____	.00
Subtotal		\$ _____
Business licenses		\$ _____
Employee Wages & Taxes		
Gross Wages		\$ _____
Employer-paid Social Security/Medicare	\$ _____	.00
Unemployment Taxes	\$ _____	.00
Benefits	\$ _____	.00
Subtotal		\$ _____
Commissions & Fees		\$ _____
Insurance (not Health or Life)		
Property Insurance	\$ _____	.00
Errors & Omissions / Malpractice	\$ _____	.00
Health Insurance for non-family employees	\$ _____	.00
Subtotal		\$ _____
Health Insurance for yourself		\$ _____

Legal and Accounting expenses (including your tax advisor's fees)		\$ _____
Office & Shipping Supplies		\$ _____
Repairs		\$ _____
Equipment Rental		\$ _____
Office Rent		\$ _____
Direct Utilities (if you have office in home, enter 0 here)		\$ _____
Internet usage		\$ _____
Telephone (land lines EXCEPT main house line if this is office in home)		\$ _____
Wireless Communications		\$ _____
Seminar attendance fees / education		\$ _____
Dues & Subscriptions		\$ _____
Books		\$ _____
Travel expenses		
Hotel	\$ _____	.00
Meals & Incidentals	\$ _____	.00 (only 50% deductible in most cases)
How many overnights away from home _____		
Transportation	\$ _____	.00

Does the BUSINESS own its own building? Y N

(mark NO if the owner is NOT the business itself even if it is the same owner as the business)

IF YES, Please complete the following

Date Building Purchased _____ Purchase Amount _____

Percent of building used for this business _____

Total amount spent on improvements since the original purchase _____

START-UP EXPENSES

Corporation Filing	\$ _____	.00
One-time startup Licenses	\$ _____	.00
Legal expenses	\$ _____	.00
Accounting advice	\$ _____	.00
Other	\$ _____	.00

Automobile Expenses

Did you use more than 1 vehicle in your business at the same time? YES NO
 Do you have another vehicle at home? YES NO
 Do you have written evidence of business use of this vehicle? YES NO

	Vehicle 1	Vehicle 2
Make & Model	_____	_____
Date first used in business	_____	_____
Date last used in business	_____	_____
Purchase price of vehicle	\$_____ .00	\$_____ .00
Paid Cash	\$_____ .00	\$_____ .00
Lease Down Pmt	\$_____ .00	\$_____ .00
Monthly Lease Pmt	\$_____ .00	\$_____ .00
Loan Down Pmt	\$_____ .00	\$_____ .00
Monthly Pmt	\$_____ .00	\$_____ .00
Interest rate	_____ %	_____ %
Term of loan	_____ months	_____ months
Total interest paid (if known)	\$_____ .00	\$_____ .00
Total business miles for the year	_____	_____
Total non-business miles	_____	_____
Total Repairs & tires	\$_____ .00	\$_____ .00
Total oil changes & car washes	\$_____ .00	\$_____ .00
Total fuel purchased	\$_____ .00	\$_____ .00
Total insurance paid	\$_____ .00	\$_____ .00
Property tax on vehicle	\$_____ .00	\$_____ .00
Tags	\$_____ .00	\$_____ .00
Inspection	\$_____ .00	\$_____ .00
Replacement rental vehicle	\$_____ .00	\$_____ .00
Date Removed from Service	_____	_____
Selling Price	\$_____ .00	\$_____ .00
Trade-in value	\$_____ .00	\$_____ .00
 Total for All Vehicles		
Parking & Tolls	\$_____ .00	\$_____ .00

Office In Home

- I have an area of my home or garage that I use EXCLUSIVELY and REGULARLY for business.
 I am an employee of a company I don't own. The Office In Home is for the convenience of MY EMPLOYER because there is no place for me to work at the employer's office.
 I own my own business or I am a consultant and I have no other regular place to meet clients or do necessary paperwork.

Own the home Rent
 Total number of rooms exclusively for business _____ Total rooms in residence _____
 Total area exclusively for business _____ sq. ft. Total area in residence _____ sq. ft.

Total Rent paid	\$_____ .00
Purchase price of home	\$_____ .00
Mortgage interest	\$_____ .00
R/E Taxes	\$_____ .00
Insurance	\$_____ .00
Repairs on residence	\$_____ .00
Total electric/gas/water	\$_____ .00
Maintenance Fees	\$_____ .00
Other expenses	\$_____ .00

Assets

Only indicate items purchased during the tax year 20____.

	Date Purchased	Amount incl. tax (or value if previously used outside this business)	Percent Used for Business
Computers, Software and Peripherals	_____	_____	_____%
Desks and chairs	_____	_____	_____%
File cabinets	_____	_____	_____%
Trailer	_____	_____	_____%
Display Cases & Cabinets	_____	_____	_____%
Folding tables	_____	_____	_____%
Copy machine	_____	_____	_____%
Fax machine	_____	_____	_____%
Racks & Carriers	_____	_____	_____%
Telephone & answering devices	_____	_____	_____%
Side chairs & folding chairs	_____	_____	_____%
Couches and waiting room furniture	_____	_____	_____%
Lighting fixtures	_____	_____	_____%
Audio & Video equipment	_____	_____	_____%
Other _____	_____	_____	_____%
_____	_____	_____	_____%
_____	_____	_____	_____%

Items SOLD or taken out of business use during the year

	Date Sold	Amount

Any other items you'd like to tell the tax specialist or ask about?