AIRCREW TAXES (678) 797-1040 (770) 884-7565 FAX (770) 795-9799 CELL(678) 332-6905

Small Business – Self Emp Send last year's Schedule C or tax return						a.u.a 4a.u	
return for you.	n you operated	u tii	e business previously and we	uia noi prepare ii	ie previ	ous tax	
Name of Business:			Type of Business:				
Does this business belong to you or your spouse?		Address of Business:					
Do you have an Employer Identification Number			What is your Employer Identification Number?				
Income From 1099s (provide any and all 1099's			Income Not Included On Any 1099s		\$		
TOTAL INCOME=Income From 1099s+Income	*						
Inventory Costs (only required if you sell				rala but not vot cold)			
Cost of Inventory at Beginning of Year	\$			Other Costs		\$	
Cost of Inventory Purchased	\$		Cost of Inventory at End of Year		\$		
Cost of Labor	\$		Returns and Refunds		\$		
Materials and Supplies	\$				Ψ		
Advertising	\$		Travel		\$		
Car and Truck	\$		Meals and Entertainment		\$		
Commission and Fees	\$		Utilities – Outside of Home		\$		
Contract Labor	\$		Wages and Salaries Paid to Employees		\$		
Employee Benefit Programs not pensions			Other Expenses: Dues & Publications		\$		
Insurance: List Type	\$		Other Expenses: Postage & Shipping		\$		
Self Employed Health Insurance	\$		Other Expenses: Telephone		\$		
Mortgage Interest	\$		Other Expenses: Bank Charges		\$		
Other Interest Legal & Professional Fees	\$		Other (Specify): Other (Specify):		\$		
Office Expense	\$		Other (Specify):		\$ \$		
Pension and Profit Sharing Plans	\$		Depreciable Items: Such as Equipment, Furniture,		Ψ		
Rent or Lease – Outside of Home	\$		Improvements – Provide list with cost and date pu				
Repairs/Maintenance	\$		Item:	Date:		Cost:	
Supplies	\$		Item:	Date:	Cost:		
Taxes and Licenses	\$		Item:	Date:	Cost:		
Pate First Used for Business: Is this		ou have evidence to support the deduction? is evidence written? other vehicle available for personal use?			Yes or No Yes or No Yes or No		
			as the vehicle available for personal use during off duty		hours?	Yes or No	
Business Mileage			as the vehicle leased?				
Commuting Mileage	Was t		the vehicle used for hire?			Yes or No	
Personal Mileage	Actual Expenses: Gas, Oil, Repairs, Insurance, etc.			\$			
Home Office-If you previously had a ho	me office we n	ieed		8829			
rea Used for Business - Square Footage/Room Sq/ft		Mortgage Interest		\$			
Total Area - Square Footage of Home	Sq/f	ft	Real Estate Taxes		\$		
Number of Days in Year Office was in Home			Insurance – Homeowners/Renters			\$	
Date of Using Room as Home Office			Repair and Maintenance		\$ \$		
Fair Market Value of Home with Home Office Cost of Home with Home Office	\$		Utilities Except Water per Month Rent Paid for Year		\$		
Improvement to Home Office	\$		Other Specify:		\$		
Land Value on Property Tax Statement	\$		Other Specify:		\$		
Building Value on Property Tax Statement			Other Specify:		\$		
Small Business Comments and Other Expo	enses:				•		
F							