

BUSINESS PROFESSIONAL DEDUCTIONS

NAME		INCOME	TAX YEAR
Sales Expenses		Professional Expenses (Cont'd)	
Advertising/Marketing		Audio/Visual Aids	
Bank Charges		Bookkeeping Fees*	
Business Cards		Continuing Education	
Business Meals/Entertainment		Licenses	
Cards and Holiday Mailings		Professional Memberships/Dues	
Clerical*		Publications/Journals	
Client Accommodations		Resumes	
Client Gifts (\$25 per client per yr)		Seminars/Conferences	
Commissions (paid to others)*		Other (Specify):	
Conventions		Other (Specify):	
Courier/FedEx/Shipping		Other (Specify):	
Customer/Mailing Lists		Communications Expenses (Bus. Use Only)	
Desk/Office Fees		Cell Phone	See Note 1
Office Expense		Fax/2nd Phone Line	
On-Line Marketing Services		Wireless Service	
Photocopying/Printing		Web Page/Domain	
Postage		Pay Phone/Long Distance	
Rent (office, shop, etc.)		Internet and Email Service	
Rent (equipment/tools)		Note 1: You must have a separate personal cell/phone/wireless device to claim 100% business use.	
Repairs		Equipment/Software Expenses -- See Note Below	
Stationary		Items	Cost
Subcontracted Labor*			Date
Software Subscriptions			\$ mm/dd/yy
Supplies		Attache/Brief Case	
Materials		IPad/Tablet	
Gross Wages		Camera	
Payroll Taxes (Employer Portion)		Cell Phone	
Employee Benefits		Computer	
Benefit Plan Admin Fees		Fax Machine/Scanner	
S.E. Health Insurance		File Cabinets	
Other:		GPS Unit	
Other:		Office Furniture	
Other:		Printer/Copier	
Professional Expenses		Software	
Liability Insurance		Other:	
Umbrella Insurance		Note 2: List all items you purchased that have a useful life of 1 year or more. Do not include these items in "Supplies"	
Legal Fees			
Tax Preparation Fees			
* For these and other items where services were purchased by your business, did you issue Form(s) 1099-Misc to all providers to whom you paid \$600 or more?		Y	N
By completing this form, the client certifies that the entries can be substantiated by documentation.			

VEHICLE AND TRAVEL EXPENSES

NAME		TAX YEAR	
Vehicle Expenses		Vehicle Expenses (Cont'd)	
Description of Auto		Interest (Auto Loan)	
Date Purchased (mm/dd/yy)		Warranty	
Purchase Price (Incl. Tax)		Inspection	
Date placed in Bus. Use (mm/dd/yy)		Parking/Tolls	
Odometer -- End of Year		Car Washes	
Odometer -- Beginning of Year		Auto Club	
Total Miles this year		Other _____	
Business Miles		Other _____	
Commuting Miles			
Daily Avg. R/T commute		Business Travel Expenses	
Personal Miles		Airfare/ Trainfare	
Is Car Leased? (Y/N)		Car rentals/Gas/Insurance	
Is Car Owned (Y/N)		Taxis, Bus, Shuttles	
Depreciated in prior yr? (Y/N)		Lodging	
Gas/Oil/Lube		Meals (while on Travel)	
Repairs and Maintenance		Entertainment (on travel)	
Tires		Tips	
Towing		Telephone/Faxes	
Insurance		Dry Cleaning (out-of-town)	
Auto License/Tags		Travel Agent Fees	
Personal Property Tax		Days (out of town on business)	
Lease Payments		Other _____	
Other _____		Other _____	
Other _____			
Other Information			
Please be advised that completion of this form by the Taxpayer constitutes			
certification that the Taxpayer has a mileage log or other form of written evidence			
to substantiate the stated mileage information presented herein.			

VEHICLE AND TRAVEL EXPENSES

NAME		TAX YEAR	
Vehicle Expenses		Vehicle Expenses (Cont'd)	
Description of Auto		Interest (Auto Loan)	
Date Purchased (mm/dd/yy)		Warranty	
Purchase Price (Incl. Tax)		Inspection	
Date placed in Bus. Use (mm/dd/yy)		Parking/Tolls	
Odometer -- End of Year		Car Washes	
Odometer -- Beginning of Year		Auto Club	
Total Miles this year		Other _____	
Business Miles		Other _____	
Commuting Miles			
Daily Avg. R/T commute		Business Travel Expenses	
Personal Miles		Airfare/ Trainfare	
Is Car Leased? (Y/N)		Car rentals/Gas/Insurance	
Is Car Owned (Y/N)		Taxis, Bus, Shuttles	
Depreciated in prior yr? (Y/N)		Lodging	
Gas/Oil/Lube		Meals (while on Travel)	
Repairs and Maintenance		Entertainment (on travel)	
Tires		Tips	
Towing		Telephone/Faxes	
Insurance		Dry Cleaning (out-of-town)	
Auto License/Tags		Travel Agent Fees	
Personal Property Tax		Days (out of town on business)	
Lease Payments		Other _____	
Other _____		Other _____	
Other _____			
Other Information			
Please be advised that completion of this form by the Taxpayer constitutes			
certification that the Taxpayer has a mileage log or other form of written evidence			
to substantiate the stated mileage information presented herein.			

OFFICE-IN-HOME WORKSHEET

NAME		TAX YEAR
Self-Employed Business Use of Home Expenses		
	Amount	Remarks
Used Exclusively for Business? * (Y/N)		
Total Living Area in Home (square feet)		
Area Used for Business (square feet)		
1st Mortgage Interest		
2nd Mortgage Interest		
Equity Line Interest		See Note 1 Below
Real Estate Taxes		
Home Owners or Renter's Insurance		
General Repairs (plumber, electrician, etc.)		See Note 2 Below
Repairs to office area		See Note 2 Below
Cleaning -- No Lawn/Snow Removal Serv.		See Note 3 Below
Condo Fees/HOA Dues		
Rent Paid (If Renting)		
Utilities (Gas, Oil, Electric, Water)		
Trash Collection Fees		
Security System Monitoring Fees		
Pest Control		
Other Expenses		
Purchase Price of Home**		
Value of Land at Time of Purchase		
Date of Purchase (mm/dd/yy)		
Improvements (Additions, Renovation)		See Note 4 below
Date Placed in Service (mm/dd/yy)		
* If not used exclusively, you cannot claim this deduction.		
** Please provide copy of Settlement Sheets for purchase and any refinancing.		
NOTES:		
1. Enter Interest paid in tax year. Provide Principal amount of original loan and the loan amount used for home improvement.		
2. Provide description, amount, date of repairs. We cannot use this expense w/o the details.		
3. Payment must to made to Cleaning Service or Household Employee		
4. Provide description, amount, date of Improvements. We cannot use this expense w/o the details.		
By completing this form, the client certifies that the entries can be substantiated by documentation		
Details (use extra sheet if necessary):		