

Name of Business: _____

Date Started Business _____

Gross Income/Sales \$ _____

Other Income \$ _____

EXPENSES:

Advertising \$ _____

Meals & Entertainment w/ employees \$ _____

Insurance for Business \$ _____

Meals with Clients \$ _____

Interest paid on loans \$ _____

Office expenses \$ _____

Licenses for business \$ _____

Rent/Lease (Bldg,equip) \$ _____

Legal or Professional Services \$ _____

Supplies \$ _____

Maintenance/Cleaning Service \$ _____

Training, classes, seminars \$ _____

Cost of goods sold \$ _____

OTHER EXPENSES (list type & amount) Enter home office expense or page F8829

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

FURNITURE AND EQUIPMENT purchased for the business (list & include DATE of purchase)

Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____
Date: _____	Item: _____	\$ _____

VEHICLE EXPENSES: Year/Make/Model _____

Total miles driven # _____ Business # _____ Commuting # _____ Personal # _____

If not using the standard mileage deductions

Actual Costs: Gas \$ _____ Repairs \$ _____ Tabs \$ _____ Other \$ _____

Date you started using for business _____

Is the vehicle leased? _____

Was vehicle available for personal use during off-duty hours? _____

Was the vehicle used primarily by a more than 5% owner or related person? _____

Is another vehicle available for personal use? _____

Do you have evidence of mileage in writing? _____

What evidence to you have to support your mileage claim? _____

*****PLEASE ATTACH A SEPARATE SHEET FOR OTHER ITEMS OR QUESTIONS*****

HOUSE USE

Cost of Home \$ _____

Purchase date _____

Land Value \$ _____

Date started Business use _____

Total area of home _____ sq ft

Area used exclusively for business _____ sq ft

****Do not enter information here if entered elsewhere on worksheets!****

EXPENSES

ENTIRE HOUSE

BUSINESS AREA ONLY (100% bus.)

Insurance \$ _____

\$ _____

Repair and maintenance \$ _____

\$ _____

Utilities \$ _____

\$ _____

Other expenses \$ _____

\$ _____

_____ \$ _____

\$ _____

_____ \$ _____

\$ _____

_____ \$ _____

\$ _____

MAJOR IMPROVEMENTS

Date	Description of item	Amount	House or Business Area
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____

Other Business Related items not previously noted:
