

## BUSINESS PROFESSIONAL DEDUCTIONS

NAME	INCOME	TAX YEAR
<b>Sales Expenses</b>	<b>Professional Expenses (Cont'd)</b>	
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	<b>Communications Expenses (Bus. Use Only)</b>	
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	<b>Equipment/Software Expenses -- See Note Below</b>	
Stationary	<b>Items</b>	<b>Cost</b>
Subcontracted Labor*		<b>Date</b>
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	
<b>Professional Expenses</b>		
Liability Insurance	Software	
Umbrella Insurance	Other:	
Legal Fees	Note 2: List all items you purchased that have a useful life of 1 year or more. Do not include these items in "Supplies"	
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	
<b>Vehicle Expenses</b>		<b>Vehicle Expenses (Cont'd)</b>	
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		<b>Business Travel Expenses</b>	
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 _____			
<b>Other Information</b>			
<p><b>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.</b></p>			

## VEHICLE AND TRAVEL EXPENSES

NAME		TAX YEAR	
<b>Vehicle Expenses</b>		<b>Vehicle Expenses (Cont'd)</b>	
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		<b>Business Travel Expenses</b>	
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 _____			
<b>Other Information</b>			
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
<b>Self-Employed Business Use of Home Expenses</b>		
	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.		
<b>NOTES:</b>		
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):		