

REALTOR DEDUCTIONS

NAME	INCOME	TAX YEAR
Sales Expenses		
Advertising/Marketing		
Appraisal Fees/Home Warranties		
Bank Charges		
Business Cards		
Business Meals/Entertainment		
Clerical*		
Client Accommodations		
Client Gifts (\$25 per client per yr)		
Client Moving/Storage Expenses		
Commissions (paid to others)*		
Courier Service/Fed Ex		
Desk/Office Fees		
Film/Processing		
Flowers/Cards		
Keys/Locksmiths/Lock Boxes		
Maps/Books		
Office Expense		
Open House/Brokers Opens		
Photocopying/Printing		
Postage		
Rent (office, equipment)		
Repairs		
Sales Assistants*		
Signs,Flags,Banners		
Staging Costs*		
Subcontracted Labor*		
Supplies		
Software Subscriptions		
Gross Wages (Paid to employees)		
Payroll Taxes (Employer Portion)		
Employee Benefits		
Benefit Plan Admin Fees		
S.E. Health Insurance		
Professional Expenses		
E&O Insurance		
Umbrella Insurance		
Legal Fees		
Tax Preparation Fees		
Professional Expenses (Cont'd)		
Seminars/Conferences		
Audio/Visual Aids		
Bookkeeping Fees*		
Continuing Education/Coaching		
GCAAR/HCAAR/PGCAR/etc.		
Licenses		
MRIS/MLS		
Professional Memberships/Dues		
Publications and Journals		
Other (Specify):		
Other (Specify):		
Communications Expenses (Bus. Use Only)		
Cell Phone		See Note 1
Fax/2nd Phone Line		
Wireless Service		
Web Page/Domain		
Pay Phone/Long Distance		
Internet and Email Service		
Note 1: You must have a separate personal cell/phone/wireless device to claim 100% business use.		
Equipment/Software Expenses -- See Note Below		
Items	Cost	Date
	\$	mm/dd/yy
Attache/Brief Case		
IPad/Tablet		
Camera		
Cell Phone		
Computer		
Fax Machine/Scanner		
File Cabinets		
GPS Unit		
Office Furniture		
Printer/Copier		
Software		
Other:		
Note 2: List all items you purchased that have a useful life of 1 year or more. Do not include these items in "Supplies"		
* 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			
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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):		