

**BUSINESS INFORMATION**

Type of Business or Profession			
Business Name			
Business Address			
Business Phone Number		Date Business Started	
Employer ID Number		Federal	State

- |  |  |                          |
|--|--|--------------------------|
|  | Yes  | No                       |
| 1. Did you start or acquire this business last year? .....                           | <input type="checkbox"/>   | <input type="checkbox"/> |
| 2. Did you sell this business last year? .....                                       | <input type="checkbox"/>   | <input type="checkbox"/> |
| 3. Did you materially participate in the operation of this business last year? ..... | <input type="checkbox"/>   | <input type="checkbox"/> |
| 4. Is all of the investment in this activity at risk? .....                          | <input type="checkbox"/>   | <input type="checkbox"/> |
| 5. Who owns and operates this business? .....  | Taxpayer <input type="checkbox"/> Spouse <input type="checkbox"/> Joint <input type="checkbox"/> |                          |

**Business Income Information** (Please provide all Form 1099's)

Form 1099's	Returns and Allowances
Cash and Checks	Prizes and Awards

**Business Inventory Information**

Inventory START of the Year	Inventory END of the year
Products purchased during year	Items for personal use
Material, Labor, and other costs	

**Business Expense Information**

Advertising	Property Tax
Commissions	Payroll Taxes
Sub Contract Labor	Business Licenses
Employee Benefit plans	Business meals and entertainment
Pension and profit-sharing plans	Travel
Insurance (not health or auto)	Utilities
Legal and Professional fees	Telephone, long distance calls
Office supplies	Cell Phone
Postage	Bank Charges
Rent or lease	Uniforms
Repairs	Dues and Publications
Maintenance of equipment	Education
Supplies	Wages
Sales tax paid to state	Other

- |   |                          |                          |              |
|---|--------------------------|--------------------------|--------------|
|   | Yes                      | No                       |              |
| 6. Did you contribute to a self-employed Health Insurance plan last year? ..... | <input type="checkbox"/> | <input type="checkbox"/> | Amount _____ |
| 7. Did you contribute to a self-employed Retirement plan last year? .....       | <input type="checkbox"/> | <input type="checkbox"/> | Amount _____ |

**Business Depreciation**

Did you purchase or sell any major assets for your business last year? ..... Yes  No

Item Purchased	Date of Purchase	Cost
Item Sold or Disposed of	Date of Sale	Price

**Office in the Home**

Did you have a separate room in your home that is used for business purposes? ..... Yes  No

Area used for business or storage	Sq Ft	Total Area of Home	Sq Ft
(Daycare only) Hours used for daycare each day	Hours	(Daycare only) Days open for the year	Days

**Office in the Home - Expenses**

	Amount		Amount
Mortgage interest		Electric	
Real estate Taxes		Water, Sewer, Trash	
Renter or Homeowner Insurance		Cable, Internet	
Repairs and Maintenance		Rent	

**Office in the Home - Depreciation**

Property	Date Purchased	Cost	Date Placed into Business Use
House			
Additions & Improvements			

**Business - Use Vehicle Information**

CAR #1

Date Vehicle was first used for business purposes:	MAKE:	MODEL:	YEAR:
Beginning Odometer Reading:	Ending Odometer Reading:		
Business Miles:	Commuting Miles:	Personal Miles:	
Parking Fees and Tolls:	Interest on Car Loans (Self-Employed only):		

CAR #2

Date Vehicle was first used for business purposes:	MAKE:	MODEL:	YEAR:
Beginning Odometer Reading:	Ending Odometer Reading:		
Business Miles:	Commuting Miles:	Personal Miles:	
Parking Fees and Tolls:	Interest on Car Loans (Self-Employed only):		

**Vehicle - Deductible Expense**

(There are two methods to figure deductible expenses: Standard mileage rate or actual expense. If you plan on using the standard mileage rate you DO NOT have to complete the actual expenses.)

Cost of Vehicle		Tires	
License		Repairs	
Gas		Insurance	
Oil		Lease Payment	

- Do you have evidence to support these deductions? ..... Yes  No   
 Is the evidence in writing?..... Yes  No
- Was your vehicle available for personal use? ..... Yes  No
- Was there another vehicle available for personal use? ..... Yes  No
- Did you Sell, Trade-in, or dispose of your vehicle this year? ..... Yes  No