

## **Business Information**

Type of Business or Profession		
Business Name		
Business Address		
Business Telephone Number		
Date Business Started		
Employer ID Number:	<b>FEDERAL</b>	<b>STATE</b>

Did you sell this business last year?  Yes  No

Did you materially participate in the operation of this business last year?  Yes  No

Is all of the investment in this activity at risk?  Yes  No

Who owns and operates this business?  Taxpayer  Spouse  Both

## **Business Income**

\*(Check all that apply, make sure to include total amounts within the information that you supply to us)

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

## **Business Expenses**

\*(Check all that apply, make sure to include total amounts within the information that you supply to us)

Advertising  Bank Charges  Business Licenses  
 Business Meals  Cell Phone  Commissions Paid  
 Dues and Publications  Education  Employee Benefit Plans  
 Entertainment  Insurance  Interest on loans/credit cards  
 Legal fees  Maintenance/Repairs  Office Supplies  
 Payroll Taxes  Pensions/Profit sharing  Postage  
 Property Tax  Rent/Leases  Sales Tax  
 Sub Contractors  Supplies  Telephones  
 Travel Expenses  Utilities  Wages  OTHER

Did you contribute to a self-employed Health Insurance Plan last year?  Yes  No

Did you contribute to a self-employed retirement plan last year?  Yes  No

Did you purchase or sell any major assets for your business last year?  Yes  No  
If yes, please provide type of item, date, and price.

Did you have a separate room in your home that is used for business?  Yes  No  
If yes, please provide Total area of home and area used for business.

If yes, check all that apply, and make sure to include total amounts within the information that you supply to us:

Office in the Home – Expenses

Mortgage Interest  Real Estate Taxes  Utilities  
 Renter/Homeowner Insurance  Repairs and Maintenance  Rent  
 Cable / Internet

Did you use your vehicle for your business?  Yes  No  
If yes, please provide: Make Model and total miles used for business

If yes, check all that apply, and make sure to include total amounts within the information that you supply to us:

Vehicle – Deductible Expenses

License  Gas/Oil  Insurance  
 Lease Payment  Garage Rent  Repairs  
 Tires

Was your vehicle available for personal use?  Yes  No

Was there another vehicle available for personal use?  Yes  No

Do you have an employer-provided vehicle for personal use?  Yes  No

Were you reimbursed by your employer for your auto expenses?  Yes  No  
If yes, was the reimbursement included on your W-2?  Yes  No