

## 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>

- |   |                                 |                                |
|---|---------------------------------|--------------------------------|
|   | 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)

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

## Business Inventory Information

	AMOUNT
Inventory at the START of the year	
Product purchased during the year	
Items withdrawn for personal use	
Materials, Labor, and other costs of Inventory	
Inventory at the END of the year	

## Business Expense Information

	AMOUNT		AMOUNT
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	
Interest business loans / business credit cards		Telephone, long distance calls	
Legal and professional fees		Cell phone	
Office Supplies		Bank charges	
Postage		Uniforms	
Rent or lease (machinery, equipment, and property)		Dues and publications	
Repairs		Education	
Maintenance of equipment		Wages	
Supplies		<b>OTHER</b>	
Sales tax paid to state			

6. Did you contribute to a self-employed Health Insurance plan last year?..... YES      NO  
 ---If Yes, Amount \_\_\_\_\_
7. Did you contribute to a self-employed retirement plan last year?..... YES      NO  
 ---If Yes, Amount \_\_\_\_\_

## Business Depreciation

YES      NO  
     

Did you purchase or sell any major assets for your business last year?.....

Item Purchased	Date of Purchase	Cost

Item Sold	Date of Sale	Price

## Office in the Home

YES      NO  
     

Did you have a separate room in your home that is used for business purposes?.....

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

### Office in the Home - Expenses

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

### Office in the Home – Depreciation

Property	Date Purchased	Cost	Date Placed into Business Use
House			
Addition & 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 Expenses

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

#### ACTUAL EXPENSES

	Amount
Cost of Vehicle	
License	
Gas	
Oil	
Lease Payment	
Insurance	
Garage Rent	
Repairs	
Tires	

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | <b>YES</b>               | <b>NO</b>                |
| 1. Do you have evidence to support these deductions?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| --If Yes, Is the evidence in writing?.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was your vehicle available for personal use?.....      | <input type="checkbox"/> | <input type="checkbox"/> |

3. Was there another vehicle available for personal use?.....
4. Do you have an employer-provided vehicle that is available for personal use?.....
5. Did you Sell, Trade-in, or dispose of your vehicle this year?..... Dispose  Trade-in  Sell
6. Were you reimbursed by your employer for your auto expenses?.....
- If Yes, Was the reimbursement included on your Form W-2?.....