return for you. Name of Business:				Type of Business:				
Does this business belong to you or your spouse?				Address of Business:				
Gross Income (provide any 1099's)	\$	\$		Materials and Supplies		\$	\$	
Cost of Inventory at Beginning of Year		\$		Other Costs		\$	\$	
Cost of Inventory Purchased		\$		Cost of Inventory at End of Year		\$		
Cost of Labor		\$		Returns and Refunds		\$	\$	
Advertising		\$		Travel		\$		
Car and Truck		\$		Meals and Entertainment		\$	+'	
Commission and Fees		\$		Utilities – Outside of Home		\$		
Contract Labor		\$		Wages and Salaries Paid to Employees		\$		
Employee Benefit Programs not pensions		\$		Other Expenses: Dues & Publications		\$		
Insurance: List Type		\$		Other Expenses: Postage & Shipping			\$	
Self Employed Health Insurance		\$		Other Expenses: Telephone		\$		
Mortgage Interest		\$		Other Expenses: Bank Charges			\$	
Other Interest Legal & Professional Fees		\$		Other (Specify): Other (Specify):		\$. \$ \$	
Office Expense		\$		Other (Specify):		¢	\$	
Pension and Profit Sharing Plans				Depreciable Items: Such as Equipment, Furnitu		re Computer and Land		
Rent or Lease – Outside of Home			Improvements – Provide list with cost and date p			iu Lanu		
Repairs/Maintenance	\$	\$		Item:	Date:	Cost		
upplies		\$		Item:	Date:	Cost		
Taxes and Licenses		\$		Item: Date:			Cost:	
Year & Make and Model Vehicle Date First Used for Business: Type of Vehicle: Car, Van, Truck Total Mileage Business Mileage Commuting Mileage			Is Is W	by you have evidence to support the deduction? this evidence written? another vehicle available for personal use? as the vehicle available for personal use during off duty hours as the vehicle leased? as the vehicle used for hire?		duty hours?	Yes or No	
Personal Mileage		Actual Expenses: Gas, Oil, Repairs, Insurance, ect.			\$			
Home Office				1 7 7 1 7	•			
Area Used for Business - Square Footage/Roo	m	Sq/	ft.	Mortgage Interest		\$		
Total Area - Square Footage of Home		Sq/ft		Real Estate Taxes			\$	
Number of Days in Year Office was in Home		343		Insurance – Homeowners/Rente	rs		\$	
Date of Using Room as Home Office		\$			Repair and Maintenance		\$	
Fair Market Value of Home with Home Office		\$		Utilities Except Water per Month		\$	\$	
Cost of Home with Home Office		\$		Rent Paid for Year		\$	\$	
Improvement to Home Office		\$		Other Specify:		\$		
Land Value on Property Tax Statement		6		Other Specify:		\$		
Building Value on Property Tax Statement	\$			Other Specify:		\$		
Small Business Comments and Other F	xpen	ses:						