

Name: _____
Print Name

Tax Year: _____

Name of Business: _____

Address of Business: _____

Accounting Method: Cash Accrual Inventory Method Cost Lower of Cost or Market Other
 How many months was this business in operation during the year?12 months (or) _____ months
 How many hours during the year did you and/or your spouse give to this business? Full time (or) _____ hrs
 Is any portion of your investment in this business not subject to payback by you? Yes No

Income

Cost of Goods Sold

Consulting or teaching	\$ _____
Product sales	\$ _____
Reimbursements	\$ (_____)
Rent received	\$ _____
Service	\$ _____
Tips	\$ _____
Vending sales	\$ _____

Inventory at beginning of year	\$ _____
Purchases	\$ _____
Cost of items for personal use	\$ _____
Cost of labor	\$ _____
Materials and supplies	\$ _____
Other costs	\$ _____
Inventory at the end of the year	\$ _____

Sale of Equipment, Machinery, Land or Buildings for Business Proposes

Description	Date Purchased	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____

Vehicle Expense (choose only one, either the standard or actual method)

Standard Mileage Rate	Actual Expenses	Vehicle-1	Vehicle-2
Total miles miles	Year and Make of Vehicle	_____	_____
Total business miles .. miles	Date purchased	___/___/___	___/___/___
<input checked="" type="checkbox"/> Business Mileage Examples	Total miles driven	_____ miles	_____ miles
<input checked="" type="checkbox"/> Bank trips	Total business miles driven	_____ miles	_____ miles
<input checked="" type="checkbox"/> Continuing education	Fuel	\$ _____	\$ _____
<input checked="" type="checkbox"/> Purchasing supplies	Insurance	\$ _____	\$ _____
<input checked="" type="checkbox"/> Professional meetings	Interest on auto loan or lease payments ..	\$ _____	\$ _____
<input checked="" type="checkbox"/> Out-of-town trips	License plates	\$ _____	\$ _____
Do not include commuting miles to office or between home and first and last stop	Maintenance (oil changes, tires, washings)	\$ _____	\$ _____
	Parking fees and tolls	\$ _____	\$ _____

Do you office out of your home? Yes No (if yes also attach the Business Use of Home Worksheet)

Expenses

Accounting	\$ _____
Advertising	\$ _____
Answering service	\$ _____
Bad debts	\$ _____
Bank charges, credit card fees	\$ _____
Beauty supplies	\$ _____
Cell phone (bus use _____ %).	\$ _____
Delivery and freight	\$ _____
Dues and subscriptions	\$ _____
Education, seminars, workshops	\$ _____
Gifts (limited to \$25/person or couple)	\$ _____
Health insurance premiums	\$ _____
Insurance (not health)	\$ _____
Interest-mortgage (if you own an office bldg)	\$ _____
Interest-other	\$ _____
Internet	\$ _____
Janitorial	\$ _____
Laundry/cleaning	\$ _____
Legal/professional fees	\$ _____
Magazines for customers	\$ _____
Meals and entertainment	\$ _____
Outside services	\$ _____
Office supplies	\$ _____

Postage	\$ _____
Printing, copying	\$ _____
Rent/lease building	\$ _____
Rent/lease equipment	\$ _____
Pension/profit sharing	\$ _____
Professional journals and publications	\$ _____
Reference or technical books/manuals	\$ _____
Repairs and maintenance	\$ _____
Security	\$ _____
Snacks-beverage for customers	\$ _____
Taxes-real estate (if you own an office bldg)	\$ _____
Taxes-other	\$ _____
Telephone-long distance	\$ _____
Telephone services	\$ _____
Tools	\$ _____
Trade show, convention fees	\$ _____
Travel (lodging, auto rental, air-taxis-fare etc)	\$ _____
Utilities	\$ _____
Wages paid (attach 941s)	\$ _____
Wages-contract (attach 1099s)	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Equipment Purchased for Business Proposes

Description	Date Purchased	Cost Including Tax
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____

Description	Date Purchased	Cost Including Tax
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____

Signature is required to process this tax deduction

You should retain all original receipts, checks, bank statement and mileage logs to support these deductions. I declare that the information I have provided to Nancy L Shoemake CPA, P.A. is to the best of my knowledge is true, correct and complete.

Signature

Date