



MAIN INFORMATION

Type of Business or Profession	
Business Name	
Business Address	
Business Telephone	
Business Start Date	

Business Income

Form 1099(s)	
Cash or Checks	
Prizes, awards, gifts received for direct Sales of products such as Tupperware or Avon	
TOTAL GROSS INCOME	\$

Business Expenses

Advertising	\$	Business meals & entertainment	\$
Commissions and fees	\$	Overnight travel	\$
Health care plans	\$	Utilities (other than household)	\$
Business liability insurance	\$	Telephone & Long Distance	\$
Interest on business loans and Credit Cards	\$	(Only second phone line into the home is allowed as an eligible expense)	
Legal & Professional fees	\$	Bank Charges	\$
Office Supplies	\$	Clothing/Uniforms	\$
Rent or lease of equipment	\$	Postage & Freight	\$
Rent or lease of Business Property	\$	Subscriptions & Dues	\$
Repairs & maintenance	\$	Professional Education	\$
Other Supplies	\$	Quarterly IRS tax payments	\$
Business Licenses	\$	Quarterly State tax payments	\$
Advertising	\$	Other Expenses	\$
Health care plans for taxpayer	\$		\$
	\$		\$



Home Office Expenses

Total area of home or apartment		Sq Ft
Area used for business or storage		Sq Ft
Rent	\$	
Mortgage interest	\$	
Real estate taxes	\$	
Renter or homeowner insurance	\$	
Home repairs and maintenance	\$	
Gas and electric	\$	
Water and sewer	\$	
Rent	\$	
Mortgage interest	\$	
Real estate taxes	\$	

If homeowner, date home was purchased / /
 Date home was placed into business use / /

Major Expenses during Tax Year (over \$500)

Description new item purchased	Date of Purchase	Cost
		\$
		\$
		\$
		\$
		\$



Products Sold by Direct Seller

Inventory at beginning of year	\$
Product purchased for resale during year	\$
Cost of products taken for personal use	\$
Cost of labor (not including self) for production	\$
Cost supplies added to product for resale	\$
Other direct costs	\$
Inventory at year end	\$

Vehicle Information

Month/Day/Year vehicle was placed in service _____ / _____ / _____

Total Business Miles: _____

Total Commuting Miles: _____

Total Personal Miles: _____

Parking and Tolls: \$ _____

Do you (or your spouse) have another vehicle for person use? Yes No

Was your vehicle available for personal use during off-duty hours? Yes No

Do you have evidence to support your deduction? Yes No

If yes, is the evidence written? Yes No