

Business Data Sheet.

Fill out what is applicable to you and your business.

Actual Business ↓

Person's name*:	Phone 1:
Entity name:	Phone 2:
Entity Type:	Fax:
State File Number:	Email:
EIN:	
DBA:	
Tax activity code:	
How many owners/Members:	
Address:	
City: State: Zip:	

Owner

Entity ↓	o r	Individual ↓
Entity/ name:	Name	
Entity Type:	SSN:	
DBA:	DOB:	
State File Number:	Ownership percentage:	
EIN:	Address:	
Business established:	City: State: Zip:	
Ownership percentage:	Phone 1:	
Address:	Phone 2:	
City: State: Zip:	Email:	
Phone 1:	ID Number:	
Fax:		
Email:		

Owner

Entity ↓	o r	Individual ↓
Entity/ name:	Name	
Entity Type:	SSN:	
DBA:	DOB:	
State File Number:	Ownership percentage:	
EIN:	Address:	
Business established:	City: State: Zip:	
Ownership percentage:	Phone 1:	
Address:	Phone 2:	
City: State: Zip:	Email:	
Phone 1:	ID Number:	
Fax:		
Email:		

Business Expense Worksheet

INCOME

Gross receipts from sales	_____
1099-Misc	_____
1099-NEC	_____
Gross merchant and third party network receipts from 1099-K	_____
TOTAL GROSS RECEIPTS/SALES	_____

EXPENSES

Advertising	_____
Vehicle Mileage →→→→→	_____
Business miles	_____
Commuting miles	_____
Other purposes	_____
Commissions and Fees Contract	_____
Labor	_____
Depletion	_____
Depreciation (List items on worksheet)	_____
Employee benefit programs	_____
Insurance (other than health)	_____
Interest	_____
Mortgage (paid to banks, etc.)	_____
Other	_____
Legal and professional services	_____
Office expense	_____
Pension and profit share	_____
Rent or lease	_____
Rental-Vehicles, machinery	_____
Other Business Property	_____
Repairs and maintenance	_____
Supplies (not part of goods sold)	_____
Taxes and licenses	_____
Travel and meals	_____
Travel	_____
Deductible meals	_____
Fully deductible meals included above	_____
Utilities	_____
Wages (less Employment Credits)	_____
TOTAL EXPENSES	_____

OR **Vehicle Actual Expenses**
 Gas, oil, repairs, etc. _____
 Vehicle rentals _____

Signature: _____

Date: _____

Home Office Deduction Worksheet

Do not send receipts or bank/credit card statements.

Name of Business (If Applicable)

Do you have a room or separately identifiable space that is used exclusively for your business?	Yes	No
Is this room/area the principal place of business?	Yes	No
Is this space used exclusively for business purposes?	Yes	No
Is this space used regularly for your business?	Yes	No

If you answered "Yes" to all the questions above, please fill out the rest of this worksheet.

What is the square footage of this room/area?

What is the total square footage of the home?

How many rooms are used as your home office?

What is the total number of rooms in your home?****

EXPENSES FOR YOUR PRIMARY HOME USED AS HOME OFFICE

DIRECT EXPENSES*

INDIRECT EXPENSES**

Total Rents Paid		<input style="width: 100%;" type="text"/>
Total Mortgage Interest Paid		<input style="width: 100%;" type="text"/>
Total Insurance Expense		<input style="width: 100%;" type="text"/>
Total Real Estate Taxes		<input style="width: 100%;" type="text"/>
Total Homeowners Association		<input style="width: 100%;" type="text"/>
Cleaning & Maintenance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Repairs	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Utilities	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Internet	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
*** Telephone	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Security	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Others:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
TOTAL EXPENSES	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

*Direct Expenses benefit the business part of your home. Example: cost of painting or repairs made to the specific area or room used for business, installation of a bookshelf, etc.

** Indirect Expenses are required for keeping up and running your entire home. Examples include your utility bills, mortgage interest or rent, insurance, HOA, real estate taxes, repairs, pest control, trash removal, security, and maintenance.

***Phone: If you have one phone line in your home, the monthly charge for that phone line is not deductible, but long-distance business calls from that line are considered to be a direct expense. If you put a second line in your house that you use regularly and exclusively for the business, you can deduct the expenses for that line as a direct expense.

****Includes Kitchen, bedrooms, dining room, family room, living room, etc.; Does not include hallways or bathrooms

Owner

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Business established:	City:	State: Zip:
Ownership percentage:	Phone 1:	
Address:	Phone 2:	
City: State: Zip:	Email:	
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Fax:		
Email:		

Schedule C/1065/1120/1120-S Business Expense Affidavit

I confirm that the information I provided for my/our tax preparation and filing is information that I supplied to my tax preparer.

This information is based on records that I currently have or can reconstruct showing both my income and expenses from my self-employment and or business activities.

My tax preparer asked me/us questions about my income and expenses, to help me to reconstruct my records; however, all numbers were supplied by me.

The information reported on this form is true and correct to my best understanding.

Signature _____ *under penalty of perjury*

Name _____

Date _____

If you feel that your tax preparer unduly influenced your reporting of your income or expenses, please contact IRS customer service at 800.829.1040 to report any misconduct.