



◆ GENERAL INFORMATION

YOUR NAME (FIRST, INITIAL, LAST)	SSN / EIN
BUSINESS NAME	TYPE OF BUSINESS
BUSINESS ADDRESS	

◆ BUSINESS INCOME

BUSINESS GROSS INCOME
\$

◆ MILEAGE

VEHICLE MAKE / MODEL / YEAR	TOTAL BUSINESS MILES	COMMUTING / OTHER MILES
Do you have written evidence to support the miles claimed? ☐ Yes ☐ No		

◆ BUSINESS EXPENSES

Advertising	\$	Rent – Equipment	\$
Commissions and Fees	\$	Rent – Building	\$
Contract Labor (1099s)	\$	Repairs and Maintenance	\$
Worker Wages (W-2s)	\$	Supplies	\$
Insurance	\$	Taxes and Licenses	\$
Interest – Mortgage / Other	\$	Travel (not mileage)	\$
Legal / Professional Fees	\$	Meals	\$
Office Expenses	\$	Cell Phone	\$
Internet	\$		
OTHER EXPENSES (DESCRIPTION · AMOUNT)			
	\$		\$
	\$		\$
	\$		\$

◆ EQUIPMENT

Did you purchase any equipment over \$500 for your business? If yes, list the item(s) below. ☐ Yes ☐ No

DATE ACQUIRED	DESCRIPTION OF EQUIPMENT	COST	% BUSINESS USE	NEW / USED
		\$	%	
		\$	%	
		\$	%	
		\$	%	
		\$	%	



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☐ Yes ☐ No

Office Use: _____