

## BUSINESS INCOME

List ALL revenue generated by the business operations (including all 1099MISC forms for non-employee compensation).

Business Name and FEIN:	GROSS SALES/ RECEIPTS:	Beginning Inventory	Ending Inventory	Purchases

## BUSINESS EXPENSES

the taxpayer is responsible for keeping ALL supporting documentation for all expenses related to the business activity.

Advertising:	\$	Other:	\$												
Commissions / Fees:	\$	Other:	\$												
Contract Labor:	\$	Other:	\$												
Insurance (other than health):	\$	Other:	\$												
Interest (mortgage interest or other):	\$	Other:	\$												
Legal/Professional Svc:	\$	<div style="border: 1px solid black; padding: 5px;"> <h3 style="text-align: center;">BUSINESS USE OF HOME</h3> <p>Area used regularly and exclusively for business or storage: _____</p> <p>Area used regularly and exclusively for business or storage: _____</p> <p>For Daycare:      # of days used: _____      Hours per Day: _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Mortgage Interest:</td> <td>\$</td> <td>Rent:</td> <td>\$</td> </tr> <tr> <td>Real Estate Taxes:</td> <td>\$</td> <td>Repairs/Maintenance:</td> <td>\$</td> </tr> <tr> <td>Insurance:</td> <td>\$</td> <td>Utilities:</td> <td>\$</td> </tr> </table> </div>		Mortgage Interest:	\$	Rent:	\$	Real Estate Taxes:	\$	Repairs/Maintenance:	\$	Insurance:	\$	Utilities:	\$
Mortgage Interest:	\$			Rent:	\$										
Real Estate Taxes:	\$			Repairs/Maintenance:	\$										
Insurance:	\$			Utilities:	\$										
Office Expense:	\$														
Pension/Profit Sharing:	\$														
Rent or Lease (vehicles, machinery, equipment):	\$														
Repairs & Maintenance:	\$														
Supplies	\$														
Taxes / Licenses:	\$														
Business Travel:	\$														
Meals & Entertainment:	\$														
Utilities:	\$														
Wages:	\$														
Employee Benefit Programs:	\$														

## BUSINESS USE OF VEHICLE

When did you place your vehicle in service for business:	
Of the annual miles, how many miles were for business:	
Was your vehicle available for personal use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you (or spouse) have another vehicle available for personal use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have WRITTEN evidence to support your deduction (dates, odometer reading, purpose)?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Your signature below indicates your acknowledgement and understanding that the information listed on this worksheet was given to Tax Edge to prepare your taxes and that it's the responsibility of the taxpayer to have proper documentation to support business deductions.**

If you paid any individual for contract labor, did you issue Form 1099-Misc to this person and submit a copy to the IRS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## NEW EQUIPMENT / CAPITAL IMPROVEMENTS

List ALL equipment, furniture, vehicles or property improvements during the tax year.

Description	Date Purchased	Cost	New or Used

## DEPRECIABLE ASSETS SOLD OR DISPOSED OF

Description	Date Acquired	Original Cost	Date Disposed Of	Sold or Traded	Amount Received