









# SELF EMPLOYED

Please complete one of these pages per business owned

## 1-SELF EMPLOYED BUSINESS

Business Name:	
Address:	
Business Income	\$
Merchant Fees	\$
Customer Refunds	\$
Customer checks returned by bank	\$
Advertising	\$
Business Professional Dues/Membership Fees	\$
Commissions, Management & Other Fees	\$
Liability & Business Property Insurance	\$
Interest Paid-Credit Cards <small>Dedicated Business Credit Card</small>	\$
Total Internet \$ _____ Percentage used for Business _____	
Legal, Accounting, Payroll Fees	\$
Meal for business <small>Log required to show name of client/potential client &amp; business discussed</small>	\$
Bank Service Charges	\$
Gifts to customers/family (IRS limits gifts to \$25 per)	\$
Health Insurance premiums (Not paid by employer)	\$
Interest Paid Mortgage-business building only	\$
Land Line Telephone (Second line only for home offices)	\$
Total Cell Phone \$ _____ Percentage used for Business _____	
Office Expenses	\$
Payments to Subcontractors	\$
Rental-Business Property/Real Estate	\$
Repairs & Maintenance-(Business Equipment)	\$
Taxes & Licenses-Secretary of State	\$
Wages paid to employees-Form W-2 (Please Provide)	\$
Supplies (Hardware, cleaning, saw blades, etc.)	\$
Postage & Shipping	\$
Rental-Vehicle, Equipment, Machinery	\$
Seminars, Training	\$
Business Building Utilities-(Do not include if home office)	\$
Home office	
Second Telephone Line	\$
Total utilities paid	\$
Total rent paid	\$
Hazard or Renters Insurance	\$
Pest Control	\$
Other:	\$
Improvements	\$
Homeowners/Condo Association Fees	\$
Square footage area used exclusively for business	
Total heated square footage of home	

## 3-BUSINESS VEHICLE EXPENSES

	Taxpayer	Spouse
Enter vehicle make, model and year	_____	_____
Amount of reimbursement provided by employer	\$ _____	\$ _____
Is the vehicle available for personal use	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Have you kept a log recording your mileage	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Is reimbursement included on W-2	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Do you have another vehicle available for personal use	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Parking & Tolls		
Total Miles Driven		
Business Miles-For employer		
Business Miles-Between 1st & 2nd job		
Business Miles-From job to school		
Business Miles-Temporary job sites		
<b>Vehicle operating expenses-If using actual expenses</b>		
Fuel	\$ _____	\$ _____
Total Maintenance, tires, batteries and repairs	\$ _____	\$ _____
Insurance	\$ _____	\$ _____
Vehicle License- <small>(Special licenses such as Class D. Include expense for medical exams.)</small>	\$ _____	\$ _____
Total Lease Payments	\$ _____	\$ _____
Total Loan Interest	\$ _____	\$ _____
Total Taxes	\$ _____	\$ _____
Total Car Wash	\$ _____	\$ _____

## 4-BUSINESS TRAVEL

Airfare	\$ _____	\$ _____
Auto Rental	\$ _____	\$ _____
Meals-(Away from home overnight)	\$ _____	\$ _____
Lodging	\$ _____	\$ _____
Laundry-(Away from home overnight)	\$ _____	\$ _____
Tips, Other:	\$ _____	\$ _____

## 2-ASSETS PURCHASED, SOLD OR DISPOSED \*

Description of Asset	Date sold or disposed of	Sales Price
		\$ _____
		\$ _____
		\$ _____

\*If Needed attach a separate statement with itemized list.

# REAL ESTATE RENTAL

Please complete one of these pages per rental owned

## 1- REAL ESTATE RENTAL INCOME/EXPENSES

Address (of property):	
Rental Income	\$
Refunds and Returned Checks	\$
Homeowners and Hazard Insurance	\$
Legal & Professional Fees: (Including evictions)	\$
Management Fees	\$
Mortgage Interest paid on non-home offices	\$
Other Interest: (Seller financing, dedicated credit cards, etc.)	\$
Commissions	\$
Hardware, cleaning, small tools (Under \$100)	\$
Property Tax (non-home offices)	\$
Electricity (non-home offices)	\$
Water (non-home offices)	\$
Gas (non-home offices)	\$
Advertising	\$
Bank Charges	\$
Total Cell Phone \$ _____ Percentage used for property _____	
Pest Control	\$
Credit Checks on renters	\$
Total Internet \$ _____ Percentage used for property _____	
Postage, Office Supplies	\$
HOA or Condo Fees	\$
Flooring (Repairs)	\$
Carpentry (Repairs)	\$
Electrical (Repairs)	\$
Heating/AC (Repairs)	\$
Painting (Repairs)	\$
Plumbing (Repairs)	\$
Roofing (Repairs)	\$
Flooring, Kitchen, Bathroom Repairs	\$
Cleaning & Maintenance	\$
Lawn/Yard Service	\$
Other:	\$
Other:	\$

## 3- REAL ESTATE/INVESTMENT BUSINESS TRAVEL

	Taxpayer	Spouse
Enter vehicle make, model and year	_____	_____
Is the vehicle available for personal use	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Have you kept a log recording your mileage	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Do you have another vehicle available for personal use	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Total miles driven for the year		
Total commuting miles for the year		
Total miles rental related-(Include trips to pick up checks, trips to hardware store, trips to meet contractors on job, trips to deposit checks, etc.)		
Vehicle operating expenses-If using actual expenses		
Total Fuel	\$	\$
Total Maintenance, tires, batteries and repairs	\$	\$
Insurance	\$	\$
Vehicle License	\$	\$
Lease Payments	\$	\$
Loan Interest	\$	\$
Taxes	\$	\$
Car Wash	\$	\$

## 4- REAL ESTATE/INVESTMENT BUSINESS TRAVEL

Airfare	\$
Auto Rental	\$
Meals-(Away from home overnight)	\$
Lodging	\$
Laundry-(Away from home overnight)	\$
Tips, Other:	\$

## 2-BUSINESS OR INVESTMENT PROPERTY SOLD OR DISPOSED

Description of Asset	Purchase Date	Cost	Sale Date	Sales Price	Rental # (above)
		\$		\$	
		\$		\$	
		\$		\$	
		\$		\$	