

SELF-EMPLOYMENT INCOME

Owner's name	
Federal ID number	
Business name	
Principal business or profession	
Business address	

INCOME			
Gross Receipts or Sales			
Returns or allowances			
COST OF GOODS SOLD			
Beginning inventory (valued at cost)			
Purchases			
Ending inventory (valued at cost)			
EXPENSES			
Advertising			
Commissions paid			
Contract labor or temporary help			
Insurance			
Interest			
Legal and professional fees			
Office expenses and postage			
Retirement plan contributions (employer contributions)			
Rent - machinery			
Rent - buildings and other			
Repairs and maintenance			
Supplies			
Taxes and licenses			
Travel*			
Meals and entertainment*			
Utilities (for separate office only)			
Wages paid to employees			
Other expenses:			
Bank service charges			
Website fees			
Gifts (no more than \$25 per person)			
Dues and subscriptions			
Continuing education and professional development			
Assets purchased over \$500 (computers, machinery, laptops, etc)			
Date of purchase	Description	% of business use	Amount

Do you have a qualifying home office? Yes No If yes, complete the worksheet for home office.

*Do you have proper documentation to substantiate your travel, meals, and entertainment expenses per the IRS regulations?
 Yes No

I declare that I have examined and/or completed this worksheet and any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Prepared and submitted by: _____ Date: _____

Printed name: _____

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AllTax Service Center

your partner for all tax needs

440 Benmar Dr., Suite 2270

Houston, TX 77060

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HOME OFFICE DEDUCTION

Your home office will qualify as your principal place of business for deducting expenses for its use if:

1. You use it exclusively and regularly for administrative or management activities of your trade or business, AND
2. You have no other fixed location where you conduct substantial administrative or management activities of your trade or business. Administrative or management activities include: billing customers, clients or patients; keeping books or records; ordering supplies; setting up appointments; or forwarding orders or writing reports.

Please note that if you are an employee, the business use of your home must be for the convenience of the employer. In addition, your deduction may be limited if your gross income from the business use of your home is less than your total business expenses.

Business or activity for which you have an office	
Dates of use	

Area of Home Used for Business	Home 1	Home 2
1. Area of your home used exclusively for business or storage of inventory (sq ft)		
2. Total area of your home (sq ft)		
3. Business use percent (divide line 1 by line 2)		
Mortgage interest		
Real estate taxes		
Insurance		
Rent		
Repairs and maintenance		
Painting and decorating		
Pest control		
Landscaping		
Cleaning		
HVAC service contract		
Utilities		
Electric		
Gas		
Water		
Home owners dues		
Security system monitoring		

Depreciation

Date you purchased your home		
Date you began using your home office		
Original purchase price of your home		
Cost of any major improvements or additions to your home		
Current fair market value of your home		
Current fair market value of the land your home sits on		

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AUTOMOBILE EXPENSES

	Vehicle 1	Vehicle 2
Description of Vehicle		
Dates of business use		
Is your car leased or owned?		
What was the purchase price of your vehicle, if owned?		
1. Do you have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Was your vehicle available for use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If "yes", is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Odometer Reading at beginning of year		
Odometer Reading at end of year		
Total miles driven		
Total business miles (no commuting miles)		
Average daily commuting miles		
Was your vehicle depreciated last year?		
Vehicle Expenses		
Gasoline		
Oil Changes		
Repairs and maintenance		
Tires		
Towing		
Insurance		
Auto license and registration		
Personal property taxes		
Lease payments (if applicable)		
Interest on auto loan (if applicable)		
Auto Club		
Warranty		
Car Wash		

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Prepared and submitted by: _____ Date: _____

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