

Name: \_\_\_\_\_  
Print Name

Tax Year: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Accounting Method: Cash  Accrual Other

How many months was this business in operation during the year? .....12 months  (or) \_\_\_\_\_ months

How many hours during the year did you and/or your spouse give to this business? .....Full time  (or) \_\_\_\_\_ hrs

Is any portion of your investment in this business not subject to payback by you? .....Yes  No

**Income**

Commissions ..... \$ \_\_\_\_\_  
Other income..... \$ \_\_\_\_\_  
Referral fees ..... \$ \_\_\_\_\_  
Returns or refunds ..... \$ \_\_\_\_\_

**Sale of Equipment, Machinery, Land or Buildings for Business Proposes**

Description	Date Purchased	Date Sold	Gross Sales Price	Expenses of Sale	Original Cost
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____
_____	___/___/___	___/___/___	\$ _____	\$ _____	\$ _____

**Vehicle Expense (choose only one, either the standard or actual method)**

Standard Mileage Rate	Actual Expenses	Vehicle-1	Vehicle-2
Total miles ..... miles	Year and Make of Vehicle .....	_____	_____
Total business miles .. miles	Date purchased .....	___/___/___	___/___/___
<input checked="" type="checkbox"/> <b>Business Mileage Examples</b>	Total miles driven .....	_____ miles	_____ miles
<input checked="" type="checkbox"/> Bank trips	Total business miles driven .....	_____ miles	_____ miles
<input checked="" type="checkbox"/> Mortgage office meetings	Fuel .....	\$ _____	\$ _____
<input checked="" type="checkbox"/> Purchasing supplies	Insurance .....	\$ _____	\$ _____
<input checked="" type="checkbox"/> Professional meetings	Interest on auto loan or lease payments ..	\$ _____	\$ _____
<input checked="" type="checkbox"/> Showing or viewing property	License plates .....	\$ _____	\$ _____
<b>Do not</b> include commuting miles to office or between home and first and last stop	Maintenance (oil changes, tires, washings)	\$ _____	\$ _____
	Parking fees and tolls .....	\$ _____	\$ _____

Do you office out of your home? Yes  No  (if yes also attach the Business Use of Home Worksheet)

**Expenses**

Accounting . . . . .	\$ _____
Advertising . . . . .	\$ _____
Answering service . . . . .	\$ _____
Appraisal fees . . . . .	\$ _____
Arbitration fees . . . . .	\$ _____
Bad debts . . . . .	\$ _____
Bank charges, credit card fees. . . . .	\$ _____
Cell phone (bus use _____ %) . . . . .	\$ _____
Closing gifts and flowers . . . . .	\$ _____
Commissions paid . . . . .	\$ _____
Courier and Delivery . . . . .	\$ _____
Dues and subscriptions . . . . .	\$ _____
Education, seminars, workshops . . . . .	\$ _____
Gifts (limited to \$25/person or couple) . . . . .	\$ _____
Health insurance premiums . . . . .	\$ _____
Insurance (not health) . . . . .	\$ _____
Interest-mortgage (if you own an office bldg) . . . . .	\$ _____
Interest-other . . . . .	\$ _____
Internet . . . . .	\$ _____
Janitorial . . . . .	\$ _____
Legal/professional fees . . . . .	\$ _____
Lockboxes, keys, locksmiths . . . . .	\$ _____
Map books . . . . .	\$ _____
Meals and entertainment . . . . .	\$ _____
MLS service . . . . .	\$ _____

Office supplies . . . . .	\$ _____
Online fees and services . . . . .	\$ _____
Open house expense . . . . .	\$ _____
Postage . . . . .	\$ _____
Printing, copying . . . . .	\$ _____
Referral fees . . . . .	\$ _____
Rent/lease building . . . . .	\$ _____
Rent/lease equipment . . . . .	\$ _____
Pension/profit sharing . . . . .	\$ _____
Professional journals and publications . . . . .	\$ _____
Reference or technical books/manuals . . . . .	\$ _____
Repairs and maintenance . . . . .	\$ _____
Security . . . . .	\$ _____
Taxes-real estate (if you own an office bldg) . . . . .	\$ _____
Taxes-other . . . . .	\$ _____
Telephone-long distance . . . . .	\$ _____
Telephone services . . . . .	\$ _____
Trade show, convention fees . . . . .	\$ _____
Travel (lodging, auto rental, air-taxis-fare etc) . . . . .	\$ _____
Utilities . . . . .	\$ _____
Wages paid (attach 941s) . . . . .	\$ _____
Wages-contract (attach 1099s) . . . . .	\$ _____
_____ . . . . .	\$ _____
_____ . . . . .	\$ _____
_____ . . . . .	\$ _____

**Equipment Purchased for Business Proposes**

Description	Date Purchased	Cost Including Tax
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____

Description	Date Purchased	Cost Including Tax
_____	___/___/___	\$ _____
_____	___/___/___	\$ _____

**Signature is required to process this tax deduction**

You should retain all original receipts, checks, bank statement and mileage logs to support these deductions. I declare that the information I have provided to Nancy L Shoemake CPA, P.A. is to the best of my knowledge is true, correct and complete.

Signature

Date