

Business Expense Worksheet

If you have your own business (Sole Proprietor or LLC), it is important that you maintain proper records of both your income and expenses. We will NOT audit your records, however, the IRS requires us to be sure that proper records are kept by the taxpayer of business activities. These categories are uniform with the Schedule C. Please complete and include with all other tax forms.

INCOME from business activities reported on 1099s \$ _____
INCOME from business activities not reported on 1099s \$ _____
Other Income (bank interest from business account) \$ _____

INVENTORY

Check box if not Applicable

Inventory at the beginning of year \$ _____
Inventory at the end of year \$ _____
Purchases during the year \$ _____
Purchases used personally \$ _____

CAR & TRUCK EXPENSES

Check box if not Applicable

Beginning Miles on Jan 1st Miles _____
Ending Miles on December 31st Miles _____
Miles Used for Business Miles _____
Do you maintain a written log or calendar?
 Yes
 No

Gas \$ _____
Insurance \$ _____
Lease Payment \$ _____
Maintenance \$ _____
Parking \$ _____
If car is owned:
Purchase Price \$ _____
Date of Purchase \$ _____

TRAVEL EXPENSES

Check box if not Applicable

Hotels \$ _____
Fares \$ _____
Transportation \$ _____
Meals \$ _____
Other \$ _____

Advertising Costs \$ _____

Commissions & Fees \$ _____

Contract Labor \$ _____

Do we need to prepare a 1099? Yes No

Note: Payments over \$600 must be reported on a 1099- Misc form. If you have paid any individual or LLC, please have them fill out a W-9 form found under resources at www.ZNSTax.com. We can process the 1099.

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<i>Insurance (other than health)</i>	\$ _____
<i>Health Insurance</i>	\$ _____
<i>Interest Expense</i>	\$ _____
<i>Legal & Prof. Fees</i>	\$ _____
<i>Office Supplies</i>	.....	\$ _____
<i>Employee Benefits</i>	.....	\$ _____
<i>Pension</i>	.....	\$ _____
<i>Insurance</i>	.....	\$ _____
<i>Other</i>	.....	\$ _____
<i>Rent/Lease Expenses</i>	.....	\$ _____
<i>Rental (other)</i>	.....	\$ _____
<i>Repairs</i>	.....	\$ _____
<i>Supplies (other than office)</i>	.....	\$ _____
<i>Taxes/Licenses</i>	.....	\$ _____
<i>Meals & Ent</i>	.....	\$ _____
<i>Utilities</i>	.....	\$ _____
<i>Wages (Payroll)</i>	.....	\$ _____
<i>DSL/Internet</i>	.....	\$ _____
<i>Cell Phone</i>	.....	\$ _____
Percentage Business Use	\$ _____
	_____ %	
<i>Continuing Education</i>	\$ _____
<i>Research & Reference</i>	\$ _____
<i>Dues</i>	\$ _____
<i>Other</i>	\$ _____
<i>Other</i>	\$ _____

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HOME OFFICE Check box if not Applicable
(Home office allowed only if there is a designated area used exclusively for business. Ex: second bedroom, etc.)

Date you began using home office ____/____/____
 Total Sq. Footage of House _____ SQ. Ft.
 Sq. Footage Used Exclusively for Business _____ SQ. Ft.
 Rent/Mortgage \$ _____
 Utilities \$ _____
 Homeowners/Renters Insurance \$ _____
 Other \$ _____

DEPRECIABLE ITEMS (Audio, Video, Computers, Cameras, Printers, Instruments, Office Equipment & Furniture)

\$250 or more

Description of Item _____
 Date of Purchase _____
 Cost _____
 Used Exclusively for Business Yes No
 If not, what is the business use? _____

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\$250 or more

Description of Item _____
 Date of Purchase _____
 Cost _____
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