

EMPLOYEE BUSINESS EXPENSE

- Do you have any expense for your job which is not fully reimbursed, or the reimbursement is shown on your W-2, such as:
- › Use of your auto on the job (other than driving to and from work)
 - › Mileage / Lodging / Food for education or job hunting
 - › Temporary job assignment
 - › Meals / Lodging while away from home overnight
 - › Entertainment of Clients
 - › Use of your home as office or for sample storage
 - › Mileage to second job on same day
 - › Advertising / Office Supplies / Postage

PURCHASE OR TRADE OF VEHICLE

	Make	Year	Date Purchased	Cost	Cash to Boot
Present Auto					
Previous Auto					

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1. AUTOMOBILE EXPENSES

If you take auto expense using optional mileage rates, complete lines 1 – 6

Check box if mfg. gross vehicle weight is 6000 lbs+ ☐ Vehicle 1 ☐ Vehicle 2 ☐ Vehicle 3 ☐

1. Total Miles Driven					
2. Total Business Miles					
3. Commuting Miles: Average daily round trip to job or first and last regular stop					
4. Total Year Commuting Miles					
5. Ending Odometer Reading (Dec. 31)					
6. Parking & Tolls					

You may have a greater deduction using actual expenses. If so, fill in the following information:

7. Gas/Oil/Repairs/Tires/Lube/Wash/Tow				
8. Licenses/Taxes/Ins/Auto Club/Garage				
9. Lease Payments				
10. Fair Market Value at time of Lease				
11. Other				

2. TRAVEL AWAY FROM HOME

TAXPAYER

SPOUSE

Number of Nights Away from Home		
a. Airplane/Train/Cabs/Bus/etc.		
Auto Rental		
Cruise Ship Convention/Seminar		
Convention/Seminar Fees		
Lodging (actual costs)		
Laundry and Cleaning		
Other		
b. Meals & Tips (actual costs)		

3. OTHER BUSINESS EXPENSE

TAXPAYER

SPOUSE

a. Client Lunches/Beverages		
Entertainment/Tickets		
(Keep above totals separate from other costs)		
b. Business Ext. Phone + enhancements		
Long distance, fax, paging, cellular		
Commissions Paid		
Christmas Cards/Gifts		
Postage/Stationery/Supplies/Freight		
Dues/Subscriptions		
Tickets to qualified Charitable Events		
Other		

4. OFFICE IN HOME (if qualified to take deduction)

Date Acquired Home	
Total Cost	
Cost of Land	
Cost of Improvements	
Square Footage of Home	
Square Footage of Office Area	
Rent Paid if you are Renter	
Interest	
Taxes	
Utilities/Garbage	
Insurance	
Repairs/Maintenance	
Casualty Loss (Nondeductible Amounts)	
Other	

Reimbursement Not Shown Anywhere Else	Part 1 - Vehicle 1	
	Part 1 - Vehicle 2	
	Part 2-a	
	Part 2-b	
	Part 3-a	
	Part 3-b	
	Part 4	

CHECK LIST

Please check all information and amounts listed to be sure of completeness and accuracy to insure paying the least legal amount of tax.

Enclose all W-2s, Interest, Dividend and other 1099s. If you received any booklets, cards, labels, envelopes or correspondence from the IRS or state, please bring them.

Enclose Purchase/Sales/Contract Agreements or Closing Papers. **Dates are important!**

☐ I consent to have the IRS discuss my tax return with my preparer.

TIMELY RECORDS must be maintained to support the above deductions. Records must indicate who, what, why, where and when.

Check if you have receipts or log: ☐

I have reviewed this information and to the best of my knowledge it is true, correct and complete.

Please sign: _____

There are still some unlisted deductions for special situations and limitations to these deductions. During your appointment we will discuss them and answer your questions about income and deductions.

When complete, call for an appointment.