

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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Present 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/Buses/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.