

**PROFIT OR LOSS FROM BUSINESS OR EMPLOYEE BUSINESS EXPENSE**

Taxpayer  Spouse    DBA: \_\_\_\_\_    Date Started: \_\_\_\_\_    Fed ID#: \_\_\_\_\_ - \_\_\_\_\_  
 Business Activity: \_\_\_\_\_    Date Closed: \_\_\_\_\_

Self Employed     W-2 Business Expense (2106)     SMLLC    

Y	N	Family Medical Insurance	\$
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**All 1099's and w-2's must be mailed in by January 31st to the IRS/Social Security Office to avoid penalties**

Yes     No    Did you make any payments in 2017 that would require you to file form(s) 1099?  
 Yes     No    If YES, did you or will you file all required Forms 1099?

**PART I: Income (1099's, W-2 marked Statutory Employee)**

If no bookkeeping need/had receipts

# of 1099's	_____	1099	\$ _____	Returns & Allowances	\$ _____
1099	\$ _____	1099	\$ _____	Total Income	\$ _____
1099	\$ _____	Other	\$ _____		

**PART II: Expenses (Employees with business expenses can claim all expenses except wages, & benefits)**

Advertising	\$ _____	Interest Other	\$ _____	Taxes/Licenses	\$ _____
Car/Truck Exp	ON BACK	Mort Int.	\$ _____	Sales	\$ _____
Commissions	\$ _____	Legal & Professional	\$ _____	Payroll	\$ _____
Cont Labor <input type="checkbox"/> 1099	\$ _____	Office Exp	\$ _____	Property	\$ _____
Depreciation	ON BACK	Rent/Lease Bldg <input type="checkbox"/> 1099	\$ _____	Unemployment	\$ _____
Employee Benefits	\$ _____	Rent Machine	\$ _____	Travel: Motel, Tickets	\$ _____
Insurance	\$ _____	Repairs & Maint	\$ _____	# of Overnites	\$ _____ /days @ _____
Liability	\$ _____	Supplies	\$ _____	Meals, Ent.	\$ _____
Building	\$ _____			Utilities:	\$ _____
Work Comp	\$ _____			Gas, Elec, Sewer & Wtr	\$ _____
				Wages (include child)	\$ _____

**If you have inventory of product 2016**

**Other Business Expenses:**

Inventory 1/1/2017	\$ _____
+ Purchases	\$ _____
	\$ _____
	\$ _____
+ Cost of Labor	\$ _____
+ Materials & Supplies	\$ _____
Total	\$ _____
- Inventory 12/31/2017	\$ _____
= Cost of goods sold	\$ _____

Bank Charges	\$ _____	Web Site	\$ _____
Cell Phone	\$ _____		\$ _____
Computer Exp	\$ _____		\$ _____
Credit Card Fees	\$ _____		\$ _____
Education	\$ _____		\$ _____
Internet	\$ _____		\$ _____
Mbshp & Dues	\$ _____		\$ _____
Postage	\$ _____		\$ _____
Telephone	\$ _____		\$ _____
Trash/cleaning	\$ _____		\$ _____

**AUTO EXPENSE: MILEAGE** OR **EXPENSE METHOD** \_\_\_\_\_ **% Business**

Miles	_____	Miles
@.535/mile	_____	Miles
Non-Business miles	_____	Miles
Year/Make/Model	_____	
Date In Service	_____	
<input type="checkbox"/> Have documentation	_____	

Garage Rent	\$ _____	Tires	\$ _____
Gas	\$ _____	Tolls	\$ _____
Insurance	\$ _____		\$ _____
License	\$ _____		\$ _____
Oil	\$ _____		\$ _____
Parking Fees	\$ _____		\$ _____
Rental Fees	\$ _____		\$ _____
Interest	\$ _____		\$ _____
Repairs	\$ _____		\$ _____

**TRADE INS:**

Old	New	Date Bought	Amount to Boot

**OTHER ADDITIONS:**

Description	Date Acquired	Cost/Basis	Business % Use	Method	Life

**DEPRECIATION CHANGES ON PRIOR YEAR RETURN IN FILE**

**8829 – BUSINESS USE OF HOME WORKSHEET**

Gave taxpayer(s) a copy of "Office In The Home" guidelines (pink sheet)

Actual Expenses

**HOUSE DEDUCTIONS:**

Portion Used for Business \_\_\_\_\_ Square Feet of Home \_\_\_\_\_ = \_\_\_\_\_ %  
 Value of Home \$ \_\_\_\_\_ Price Paid for Home + Improvements \$ \_\_\_\_\_

**OTHER EXPENSES:**

Mortgage Interest	\$ _____	<b>Rent</b>	\$ _____
Equity Loans	\$ _____	Repairs & Maintenance	\$ _____
Real Estate Tax	\$ _____	Improvements	\$ _____
House Insurance	\$ _____	Lawn & Snow	\$ _____
			\$ _____

**UTILITIES:** Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Sewer & Water \$ \_\_\_\_\_ Garbage \$ \_\_\_\_\_  
 Internet \$ \_\_\_\_\_ Telephone \$ \_\_\_\_\_ Cable/TV \$ \_\_\_\_\_

Carryover loss from Prior Year: Yes \_\_\_\_\_ No \_\_\_\_\_ \$ \_\_\_\_\_ /Amount

**Simplified option for Home Office Deduction**

\$5.00 per footage maximum of 300sq feet (\$1,500 max deduction) \$5.00 x \_\_\_\_\_ square footage