

## Lina's Tax Team

### Business Income and Expenses

#### General Information

**Taxpayer name**

**Ownership** (place X next to the applicable option below)

Taxpayer	<input type="checkbox"/>
Spouse	<input type="checkbox"/>
Joint	<input type="checkbox"/>

**Business name**

**Business address** (including unit number, city, state and zip)

**Principal business/profession**

**Employer ID number**

**Accounting method** (place X next to the applicable option below)

Cash	<input type="checkbox"/>
Accrual	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Method used to value closing inventory, if applicable**

(place X next to the applicable option below)

Cost	<input type="checkbox"/>
Lower of cost or market	<input type="checkbox"/>
Other	<input type="checkbox"/>

**Materially participated**

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

**Business started this tax year**

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

**Required to issue 1099- MISC**

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

**Issued 1099-MISC**

yes	<input type="checkbox"/>
no	<input type="checkbox"/>

#### Cost of Goods Sold - If Applicable

**Beginning inventory**

**Materials and supplies**

**Purchases**

**Other costs**

**Items withdrawn for personal use**

**Ending inventory**

**Cost of labor**

**(do not include your salary)**

# Lina's Tax Team

## Business Income & Expenses Organizer

<b>Taxpayer name</b>		<b>Business name</b>	
<b>Business Address</b>		<b>Product / Service</b>	

### Income

<b>Income on 1099-MISC</b>		<b>Returns and allowances</b>	
<b>Income by cash/check</b>		<b>Other income</b>	

### Expenses

<p>Advertising <input style="width: 100%;" type="text"/></p> <p>Commissions and fees <input style="width: 100%;" type="text"/></p> <p>Contract labor / Independent <input style="width: 100%;" type="text"/></p> <p>Insurance (liability, other) <input style="width: 100%;" type="text"/></p> <p>Health insurance <input style="width: 100%;" type="text"/> <small>(include premiums for yourself, spouse and dependents)</small></p> <p>Mortgage interest <input style="width: 100%;" type="text"/> <small>(do not include principal residence)</small></p> <p>Other interest <input style="width: 100%;" type="text"/> <small>(car loan, etc.)</small></p> <p>Legal and professional services <input style="width: 100%;" type="text"/> <small>(tax preparation, accounting, etc.)</small></p> <p>Office expenses <input style="width: 100%;" type="text"/> <small>(postage and office supplies)</small></p>	<p>Repairs and maintenance <input style="width: 100%;" type="text"/></p> <p>Supplies <input style="width: 100%;" type="text"/></p> <p>Taxes and licenses <input style="width: 100%;" type="text"/></p> <p>Travel <input style="width: 100%;" type="text"/></p> <p>Meals / Entertainment <input style="width: 100%;" type="text"/></p> <p>Rent / Lease (Office space) <input style="width: 100%;" type="text"/></p> <p>Utilities <input style="width: 100%;" type="text"/></p> <p>Gross wages paid to employees <input style="width: 100%;" type="text"/></p> <p>Employee pension plans <input style="width: 100%;" type="text"/></p> <p>Employee health insurance <input style="width: 100%;" type="text"/></p> <p>Other employee benefits <input style="width: 100%;" type="text"/></p> <p>Other expenses (list below)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>				

**New Machinery & Equipment**  
Please List each Item

Date in service	Describe equipment purchased	Cost

# Lina's Tax Team

## Vehicle Expenses

<b>Tax year</b>	<input type="text"/>	<b>Business name/ rental address</b>	<input type="text"/>
<b>Taxpayer name</b>	<input type="text"/>		

### General Information

<b>Make</b>	<input type="text"/>	<b>Vehicle year</b>	<input type="text"/>
<b>Model</b>	<input type="text"/>	<b>Date placed in service</b>	<input type="text"/>
Do you or your spouse have another vehicle available for personal use (yes/no)?	<input type="text"/>	Do you have evidence to support your deduction (yes/no)?	<input type="text"/>
Was your vehicle available for use during off duty hours (yes/no)?	<input type="text"/>	Is the evidence written?	<input type="text"/>

### Mileage

<b>Total miles</b>	<input type="text"/>	<b>Personal miles</b>	<input type="text"/>
<b>Business or rental miles</b>	<input type="text"/>	<b>Other miles (explain below)</b>	<input type="text"/>
<b>Commute miles</b>	<input type="text"/>		<input type="text"/>

### Expenses

<b>Gas</b>	<input type="text"/>	<b>Repairs</b> (including oil changes and tires)	<input type="text"/>
<b>Insurance</b>	<input type="text"/>	<b>Bridge tolls</b>	<input type="text"/>
<b>Registration fees</b>	<input type="text"/>	<b>Parking</b> (including garage rent)	<input type="text"/>
<b>Lease payments</b>	<input type="text"/>	<b>Cost of the vehicle</b>	<input type="text"/>
<b>Licenses</b>	<input type="text"/>		
<b>Other</b> (describe below)	<input type="text"/>		
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

## Lina's Tax Team

### Business Income and Expenses

#### Home Office - Used Regularly and Exclusively for Business

Total Area of Home  
(in square feet)

Area used regularly and  
exclusively for business (in square feet)

Date began using this  
home office for this business

Percentage of Schedule C  
gross income from business  
use of this home

#### Expenses

Annual Mortgage Insurance

Rent

Annual Mortgage Interest

Insurance

Property Taxes

Repairs and Maintenance

Points

Utilities

Other

#### Depreciation

Price of the House

Improvements

Land Value