



Business Expense List

Your name:.....
Business Name (DBA).....
Tax Year.....

Total Gross Receipts \$ _____

A. Expenses	Amount
1. Officers Compensation/salaries and wages	\$ _____
2. Payroll Taxes	\$ _____
3. Repair and Maintenance.....	\$ _____
4. Office rent.....	\$ _____
5. Advertising	\$ _____
6. Accounting	\$ _____
7. Bank charges	\$ _____
8. Janitorial.....	\$ _____
9. Supplies	\$ _____
10. Equipment rent.....	\$ _____
11. Insurance (Workers Compensation, Liability, etc.)	\$ _____
12. Legal and professional consulting	\$ _____
13. Office expense	\$ _____
14. Outside services/ subcontractors.....	\$ _____
15. Licenses and permits	\$ _____
16. Parking fees and tolls.....	\$ _____
17. Postage and delivery	\$ _____
18. Printing and reproduction.....	\$ _____
19. Dues and subscriptions.....	\$ _____
20. Telephone	\$ _____
21. Small tools.....	\$ _____
22. Materials.....	\$ _____
23. Meals and entertainment	\$ _____
24. Uniforms.....	\$ _____
25. Laundry, upkeep (uniforms).....	\$ _____
26. Utilities.....	\$ _____
27. Security	\$ _____
28. Travel	\$ _____
29. Other expenses:	
a.	\$ _____
b.	\$ _____
c.	\$ _____
d.	\$ _____
e.	\$ _____



B. Automobile Expenses:

1. If you deduct actual expenses specify:

- gasoline and oil \$ _____
- repair and maintenance..... \$ _____
- car wash..... \$ _____
- insurance..... \$ _____
- registrations..... \$ _____
- loan interest (only interest paid, not entire payment)..... \$ _____

2. If you deduct miles specify:

- odometer reading as of January 1st _____
- odometer reading as of December 31st..... _____
- total miles driven _____
- business miles during this period..... _____
- is the vehicle purchased____ or leased_____

C. Additional Expense List for Transportation Workers

1. Truck insurance \$ _____
2. „DOT” inspections \$ _____
3. „Heavy Vehicle Highway Use Tax” \$ _____
4. „IFTA” \$ _____
5. Loan interest (truck and trailer) / only interest paid, not whole payment \$ _____
6. Scales..... \$ _____
7. Truck wash..... \$ _____
8. Transportation registration and plates \$ _____
9. Medical examinations (occupational)..... \$ _____
10. Meals-Per Diem rates allowances _____

D. List of Assets

Description	Date of purchase	Cost of purchase
1.....	\$ _____
2.....	\$ _____

Signature _____ Date _____

Telephone _____