

SELF-EMPLOYMENT TAX DEDUCTION FINDER

In order to **ACCURATELY** and **PROMPTLY** prepare your tax return, please enter **ALL INFORMATION** that pertains to your tax situation.

PLEASE NOTE: If our form is not sufficient to handle all your transactions in any category, attach additional information on a separate sheet of paper. **Please round all numbers to the nearest whole dollar amount.**

BUSINESS INFORMATION

Client Name:		Business Name:	
Business Address:			
Business Phone:		Business Fax:	

BUSINESS INCOME

Please attach all 1099 forms received.

Business Income	\$
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LESS: Merchant Fees

Customer Refunds	\$	Customer Checks Returned by Bank	\$
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BUSINESS EXPENSES

These expenses are for BUSINESS purposes only.

Type of Expense	Amount Paid	Type of Expense	Amount Paid
Advertising	\$	Bank Service Charges	\$
Business/Professional Dues, Membership Fees	\$	Cell Phone Percent used for business: _____%	\$
Commissions, Management & Other Fees	\$	Gifts to Customers (IRS limits gifts to 25 per customer)	\$
Insurance (Liability, Workers Comp – <i>not</i> health)	\$	Health Insurance Premiums (not paid through employer)	\$
Interest Paid – Credit Cards for business purchases only	\$	Interest Paid – Mortgage for business building only	\$
Internet/DSL Percent used for business: _____%	\$	Land Line Telephone (Second Line)	\$
Legal, Accounting, Payroll Fees	\$	Lodging for Business Travel	\$

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Meals & Entertainment for business	\$	Office Expense	\$
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Business Expenses (continued from previous page)

Type of Expense	Amount Paid	Type of Expense	Amount Paid
Office Supplies	\$	Other Supplies (not office supplies)	\$
Payments to Subcontractors, Temporary Help	\$	Postage & Shipping	\$
Rental – Business Property/Real Estate	\$	Rental – Vehicle, Equipment, Machinery	\$
Repairs & Maintenance on business equipment	\$	Seminars, Continuing Education	\$
Taxes & Licenses	\$	Utilities (do not include if home office)	\$
Wages Paid to Employees on Form W-2	\$	Other (please specify): _____	\$

NOTE: If your financial institution does not provide you with forms stating the interest paid for the year, please obtain forms by calling the institution or by any other necessary means.

BUSINESS VEHICLE EXPENSES

These figures are for BUSINESS purposes only, unless otherwise stated.

Type of Expense	Amount Paid	Type of Expense	Amount Paid
Auto Insurance	\$	Gasoline/Diesel Fuel	\$
Interest Expense on vehicle note	\$	Maintenance, Repair, Car Washes	\$
Parking & Tolls	\$	Vehicle Tag & Tax	\$

Vehicles Used In a Trade or Business: (mileage is for entire tax year)

VEHICLE #1			
Driver's Name:		Vehicle Description:	
Business Miles:		Personal Miles:	

VEHICLE #2			
Driver's Name:		Vehicle Description:	
Business Miles:		Personal Miles:	

If you purchased a NEW BUSINESS VEHICLE during the year, please provide the information below:

Vehicle Description	Date of Purchase	Cost of Vehicle	Was Vehicle Financed?
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Was an old vehicle traded in for a new one? If yes, list TRADED vehicle's make and model: _____

Was an old business vehicle sold outright? If yes, list SOLD vehicles's make and model: _____
 (Also list sold vehicle under ASSETS SOLD OR DISPOSED section of this worksheet.)

HOME OFFICE EXPENSES

REQUIRED: Please attach a copy of the Settlement Statement showing purchase date and cost of home if not previously provided to us. This is the HUD-1 statement given to you at real estate closing.

Type of Expense	Amount Paid	Type of Expense	Amount Paid
Hazard Insurance	\$	Home Improvements (attach itemized list)	\$
Pest Control	\$	Rent (leave blank if homeowner)	\$
Repairs & Maintenance (do not include lawncare)	\$	Telephone – Cell Percent used for business: _____%	\$
Telephone – Second Line (first line not deductible)	\$	Utilities (water, gas, electricity, security, garbage)	\$
Other (please specify): _____			\$

If this is the first year you are taking an Office in Home deduction, or you have changed your office location within your home, please provide the following information:

Total Heated Square Footage of Home: _____ sq. ft. Square Footage Used Exclusively for Business: _____ sq. ft.

MAJOR BUSINESS EXPENDITURES

List major expenditures, such as office furniture, computers, machinery, equipment, etc. used for your business and purchased during the tax year. Attach a separate sheet if necessary.

Description of Asset	Purchase Date	Cost
		\$
		\$
		\$
		\$
		\$

ASSETS SOLD OR DISPOSED

If you sold or disposed of any business assets during the tax year, please provide the information below.

Description of Asset	Purchase Date	Sale Date	Cost	Sales Price

Under penalty of perjury, I declare the facts and figures in this tax deduction finder to be true and correct to the best of my knowledge and belief.

Taxpayer Signature

Date

Spouse Signature

Date