



Business Expenses

TAXPAYER INFORMATION

Name

Tax Year

AUTOMOTIVE

ANSWER FOR CAR YOU DRIVE TO WORK ONLY

Car Make	<input type="text"/>
Car Model	<input type="text"/>
Car Mileage (one way to work)	<input type="text"/>
Fuel to Get to Work (one week)	<input type="text"/>

	WEEKLY	MONTHLY	YEARLY
Car Insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car Payments/Note	<input type="text"/>	<input type="text"/>	<input type="text"/>
Car Repair/Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>

BUSINESS/OFFICE SPACE

	WEEKLY	MONTHLY	YEARLY
Office Rent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Utilities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Maintenance	<input type="text"/>	<input type="text"/>	<input type="text"/>
Office Furnishings	<input type="text"/>	<input type="text"/>	<input type="text"/>

	WEEKLY	MONTHLY	YEARLY
Business Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSES, FEES, CONTINUING EDUCATION

	WEEKLY	MONTHLY	YEARLY
Business Licenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Permits	<input type="text"/>	<input type="text"/>	<input type="text"/>
Service Charges/Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional Services	<input type="text"/>	<input type="text"/>	<input type="text"/>

	WEEKLY	MONTHLY	YEARLY
Continuing Education	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subscriptions	<input type="text"/>	<input type="text"/>	<input type="text"/>

SUPPLIES

	WEEKLY	MONTHLY	YEARLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	WEEKLY	MONTHLY	YEARLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Expenses Cont'd

ADDITIONAL/MISCELLANEOUS EXPENSES

	WEEKLY	MONTHLY	YEARLY		WEEKLY	MONTHLY	YEARLY
_____				_____			
_____				_____			
_____				_____			
_____				_____			
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_____				_____			
_____				_____			
_____				_____			

TAXPAYER SIGNATURE

I certify that all expenses listed are accurate to the best of my knowledge.

Signature

Date