



1050 Wall St West Ste 350
 Lyndhurst NJ 07071
 201-773-0777 Main
 877-825-2479 Fax
 accounting@taxbizpro.com

Business Expense Worksheet for tax year 2017

Name of the business X _____ EIN _____

Name of the legal representative/owner X _____ SS# _____

Indicate below your business structure (only for new clients)

- Self-employed
- Single Member LLC taxed as Sole-Proprietorship (Schedule C of form 1040)
- Single Member LLC taxed as Corporation (From 1120 or 1120S)
- Multi Member LLC taxed as Partnership (Form 1065)
- Multi Member LLC taxed as Corporation (Form 1120 or 1120S)
- Corporation (INC, Corp, Co, PC) (Form 1120 or 1120S)
- Partnership (LLP, LP, GP) (Form 1065)

INCOME RECEIVED (IF NOT REPORTED ON 1099) \$

All expenses/deductions **MUST** have supporting documentation
 (receipts, check, bill, letter, etc) to support the deductions, don't submit any receipts to us.

Expenses			AMOUNT/YEAR
Advertising & Marketing			1 \$
Bank Fees	<input type="checkbox"/>	<input type="checkbox"/>	2 \$
Business Loan Payments (interest only)			3 \$
Business Insurance (Liability, E&O, General etc)			4 \$
Car (gas, oil change, repairs) - Is the car(s) registered on the business?	YES	NO	5 \$
Car Insurance			6 \$
Car Lease			7 \$
Cell Phone			8 \$
Charity Contributions			9 \$
Entertainment Exp. (with clients to sport events etc)			10 \$



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Equipment purchased (indicate purchase date)	11	\$
Furniture and Fixtures Purchased (indicate purchase date)	12	\$
Insurance Medical (self-employed and corp. only)	13	\$
Inventory Purchases	14	\$
Licenses and Permits	15	\$
Meals (with clients, business related)	16	\$
Office Cleaning and Maintenance	17	\$
Office Expenses (telephone, internet, etc)	18	\$
Office Rent	19	\$
Office Repair & Maintenance	20	\$
Office Supplies	21	\$
Outside Help/Temps	22	\$
Parking Exp	23	\$
Postage & Shipping	24	\$
Professional Education (seminars, books, classes etc)	25	\$
Professional Fees (Accountant/Attorney etc)	26	\$
Retirement Plan Contributions (SEP, SIMPLE IRA, 401K, etc)	27	\$
Salaries & Wages	28	\$
Local Transportation (Taxi, subway etc, must travel between clients, jobs or offices)	29	\$
Travel (airline, long range)	30	\$
Tolls	31	\$
Utilities	32	\$
Other Expenses - indicate what it is	33	\$

For Auto Expenses

(update only if you changed the car from last year, or you are a new client)

Make/Model _____



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Purchase Date _____ \$ _____
Purchase Price/Cost _____ \$ _____

Mileage Info

Total mileage driven this year _____
Business mileage driven this year (i.e. between business or customers) _____

Home Office Deduction: (update only if anything changed from last year, or you are a new client)

Total square footage of the house _____
Square footage of the office area used exclusively for business in the house _____

Please list any additional info not listed above

Please sign X _____

Date _____