

YEAR-END BUSINESS EXPENSE SUMMARY

Advertising costs	\$ _____
Commissions Paid By your business to agents	\$ _____
Employee Expenses	
Wages (Paid by business)	\$ _____
Medical Expenses reimbursed to employees under Benefit Plan	\$ _____
Education Expenses reimbursed to employees under Benefit Plan	\$ _____
Employee Business Expense Reimbursements	\$ _____
Pension plans for employees	\$ _____
Insurance (except health, home, auto, or life)	\$ _____
Interest (except home or auto)	\$ _____
Legal/Professional fees	\$ _____
Office rent (except home-office)	\$ _____
Rent (not lease) of Vehicles or Equipment	\$ _____
Rent of property (except home)	\$ _____
Repairs & Maintenance (except home or auto)	\$ _____
Office/Business Supplies	\$ _____
Taxes & Licenses (except home or auto)	\$ _____
Travel Expense	\$ _____
(Include Transportation, Lodging, Taxis, Rental Cars, Tips, Phone charges for business calls, use of in-room Safe, laundry & dry cleaning, personal grooming expenses,	
Meals & Entertainment	\$ _____
Utilities (other than home)	\$ _____
Accounting fees	\$ _____
Bank Charges	\$ _____
Debt Collection	\$ _____
Postage & Delivery	\$ _____
Dues & Subscriptions	\$ _____
Gifts (limited to \$25 per person per year)	\$ _____
Internet Access fees	\$ _____
Cleaning & Janitorial	\$ _____
Laundry & Cleaning (special restrictions apply)	\$ _____
Meeting Registration Fees	\$ _____
Outside Services	\$ _____
Permits & Fees	\$ _____
Printing	\$ _____
Seminars	\$ _____
Main Phone (excluding base charges)	\$ _____
Business Phone/fax line	\$ _____
Cell Phone	\$ _____
Voicemail	\$ _____
Pager	\$ _____
Web Hosting	\$ _____

MORE ►

VEHICLE #1

Total miles driven for all purposes all year _____mi.
Business Use Percentage _____%
Charitable miles driven during the year _____mi.
Medical miles driven during the year _____mi.
Own or Lease? _____
Written Vehicle-Use log? (Y/N) _____
Total Vehicle Operating Expenses
Gas \$ _____
Oil \$ _____
Maintenance \$ _____
Repairs \$ _____
Insurance \$ _____
Property Tax \$ _____
License/Registration \$ _____
Parking/Tolls \$ _____
Interest paid on auto loan (in \$) \$ _____

VEHICLE #2

Total miles driven for all purposes all year _____mi.
Business Use Percentage _____%
Charitable miles driven during the year _____mi.
Medical miles driven during the year _____mi.
Own or Lease? _____
Written vehicle use log? (Y/N) _____
Total Vehicle Operating Expenses
Gas \$ _____
Oil \$ _____
Maintenance \$ _____
Repairs \$ _____
Insurance \$ _____
Property Tax \$ _____
License/Registration \$ _____
Parking/Tolls \$ _____
Interest paid on auto loan (in \$) \$ _____

1. Did you use a portion of your home as an office? YES ___ NO ___
 Hours per week you work in your home office _____ hrs/wk
 Days per week you work in your home office: _____ days/wk
 Business hours per week you worked outside of office _____ hrs/wk
2. Is the "Management Function" of the business performed in the home office? YES ___ NO ___
3. Do you meet customers there? YES ___ NO ___
4. Is home office where "money changes hands" in your business? YES ___ NO ___
5. Are the tasks performed in the home office "Primary Business Functions"? YES ___ NO ___
6. Was this area used Regularly and Exclusively for business? YES ___ NO ___

▲ If you answered YES to #6, above ▲
- OR -
If You STORED INVENTORY or TOOLS, or
DISPLAYED PRODUCT SAMPLES
in your house or apartment, complete the following:

HOME OFFICE BUSINESS-USE-PERCENTAGE (BUP) CALCULATOR

1. Enter the total square footage of your home. _____ sq. ft.
 (Include unfinished basement and garage only if they are used for business.)
2. Enter the square footage of the room or area that you use **Regularly and Exclusively** as an office. _____ sq. ft.
3. Enter the square footage of any rooms other than your office, including basement or garage IF you store inventory or product samples **AND DO NOT** use this space more than occasionally for personal purposes.
 (Examples: basement used for nothing else, not even laundry; formal dining room used only at Thanksgiving) _____ sq. ft.
4. Enter the square footage of the footprint of the space **ACTUALLY OCCUPIED** by any inventory or product samples that are kept in any rooms or areas other than those covered by questions #2 or 3. _____ sq. ft.

Was your home used for a **Daycare Business**? YES ___ NO ___

If YES: # Hours per Day _____
Days per Week _____
Weeks during tax year _____

If you **OWN** (or are buying) your home, answer the following:

Cost of home (purchase price, including land, plus improvements) \$ _____
Land value on day of purchase \$ _____
Mortgage interest you paid \$ _____
Real estate tax \$ _____
Homeowner's insurance \$ _____
Repairs and Maintenance \$ _____
Annual cost of utilities: (Electricity, Gas, Water, NO TELEPHONE OR TV) \$ _____
Mortgage insurance \$ _____
Other expenses (security, HOA dues, etc.) \$ _____

If you **RENT** your home or apartment, answer the following:

Annual Rent \$ _____
Renter's Insurance \$ _____
Annual cost of utilities paid by you \$ _____
Repairs and Maintenance expenses paid by you \$ _____

OTHER Costs of Doing Business (if NOT Covered above):

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

**Completing this Summary and Providing it to your Tax Preparer
will likely result in
Lower Tax Preparation Fees AND More Tax Deductions for You**

This Worksheet and other Free Resources are available at

www.HomeBusinessTaxSavings.com

provided to you courtesy of

Ronald R. Mueller

author of

"It's How Much You KEEP, That Counts! Not how much you Make"

"The ONLY Step-by-Step Guide to Home Business Tax Breaks Authorized by Congress"

www.HomeBusinessTaxSavings.com