Family TAX OFFICE

# SELF EMPLOYED BUSINESS DEDUCTIONS

Principal Business/Profession (include product/service): _____
Business Name: _____
Employer ID Number (EIN):_____ SIC code (if known) _____
Business Address: _____

Accounting method ( ) cash ( ) accrual ( ) other-specify: _____
Did you "materially participate" in the operation of this business? Yes
Did you start or acquire this business this year? Yes
Did you make any payments in contract labor over $600 to any one individual during the calendar year? Yes
If yes, did you or will you file required Form(s) 1099NEC? Yes, I did file it
Would you like us to file your 1099 NEC for you? Yes

**INCOME**

Gross receipts or sales: _____ cash or 1099 please provide 1099 forms
1099K merchant account (if applicable): _____ provide copy of 1099K

**EXPENSES**

Advertising: _____
Car and Truck expenses: SEE BUSINESS USE OF VEHICLES
Commissions and fees: _____
Contract labor: _____
Depletion: _____
Depreciation: $ SEE DEPRECIATION LIST BELOW
Employee benefits programs: _____
Insurance: _____
Interest: Mortgage: _____
Other Interest: _____
Legal/Professional services: _____
Office expenses: _____
Pension and profit-sharing plans: _____
Rent or lease: _____
Vehicles, machinery, equipment: _____
Other business property: _____
Repairs and maintenance: _____
Supplies: _____
Taxes and licenses: _____
Overnight Travel meals: _____
Overnight Travel: _____
Utilities: $_____
Wages: $_____
Other: _____

**Depreciable Expenses**

List below depreciable business expenses (office furniture, computers, tools, equipment, machinery, etc.)
ASSET NAME _____
DATE PURCHASED _____ COST _____
ASSET NAME _____
DATE PURCHASED _____ COST _____
ASSET NAME _____
DATE PURCHASED _____ COST _____
ASSET NAME _____
DATE PURCHASED _____ COST _____

**Other Expenses**

List below business expenses not included above

Signature _____ Date_____

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