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Business Income & Deductions

Taxpayer Name: _____

Business Name: _____

Tax Year: _____ **TAX ID:** _____

Nature of Business: _____

	Amount	Notes:
1 Total Revenue	_____	See Sales Tax below
2 Cost of Goods Sold	_____	or provide beg. invty, purchases & end invty
Expenses		
3 Accountant/Bookkeeper/CPA	_____	
4 Advertising	_____	
5 Asset Purch: Cptr, Furn, Eqpt	_____	provide a list with amounts
6 Auto/Truck Purchases	_____	provide bill of sale
7 Automobile Expenses	_____	if not using mileage, see below
8 Bad debts	_____	for accrual only, not cash basis
9 Bank fees	_____	
10 Business cards, letterhead	_____	
11 Business gifts	_____	\$25 max per client
12 Cellular phone, pagers	_____	= Total _____ X % business _____
13 Commissions expense	_____	may require 1099's be issued
14 Computer supplies	_____	
15 Contract Labor	_____	may require 1099's be issued
16 Charitable Contributions	_____	paid from business funds
17 Credit card fees	_____	merchant svcs/fees, not interest
18 Consultants	_____	may require 1099's be issued
19 Dues and Subscriptions	_____	
20 Educational expenses	_____	
21 Employee benefit programs	_____	Describe: _____
22 Freight costs	_____	Outbound shipping, inbound is COGS
23 Health insurance	_____	owners portion= \$ _____
24 Incorporation costs	_____	
25 Insurance (not health)	_____	
26 Interest expense	_____	incl business portion of auto, credit cards
27 Internet, Web site costs	_____	
28 Janitorial	_____	
29 Laundry, cleaning	_____	uniforms or while travel only

30	Legal and professional fees	_____	may require 1099's be issued
31	Licenses and fees	_____	
32	Marketing Costs	_____	
33	Meals	_____	entertainment is no longer deductible
34	Office expense	_____	miscellaneous
35	Outside services	_____	may require 1099's be issued
36	Payroll Taxes	_____	Biz's SS/MC match and unemployment taxes
37	Postage, delivery	_____	
38	Printing	_____	
39	Property Taxes	_____	Business only
40	Relocation expenses	_____	Business only
41	Rent	_____	may require 1099's be issued
42	Repairs and maintenance	_____	
43	Retirement Plan Contributions	_____	Plan type=_____
44	Salaries and wages	_____	Gross Pay - See Payroll Taxes
45	Sales Tax	_____	Only if included in Total Revenue
46	Security	_____	
47	Seminars and trades shows	_____	
48	Small Tools	_____	
49	Software	_____	
50	Staging Costs	_____	readying homes for sale
51	Subcontractors	_____	may require 1099's be issued
52	State franchise tax	_____	
53	Supplies	_____	
54	Telephone	_____	incl LD, not first line into home
55	Travel (not meals/entertainment)	_____	incl parking fees and tolls
56	Uniforms	_____	
57	Utilities	_____	
58	_____	_____	Describe: _____
59	_____	_____	Describe: _____
60	_____	_____	Describe: _____
61	_____	_____	Describe: _____

Mileage:

Make of Auto	_____
Year Model	_____
Date Acquired	_____
Total Miles for year	_____
Business Miles for year	_____
Job Commute Miles for year	_____

Estimated Tax Payments

<u>Date</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____