Home Business/Sole Proprietorship Expenses

Taxpayer Name: _____

Home Business Name: _____

Income from Home Business: $ _____ **Year:** _____

ADVERTISING

Magnet/Window Decal/Sticker	$
Business Cards/Promotions/Flyers	$
Website	$

VEHICLE

Mileage	
License/Registration	$
Fuel	$
Oil Changes	$
Tolls/Parking	$
Repairs/Maint/Tires/Batteries	$
Detail/Washing	$

FEES

Activation Fees	$
Monthly/Membership Fees	$
Legal/Professional Fees	$
Taxes/Licenses	$

EMPLOYEE BENEFIT PROGRAM

Gym & Other Memberships	$
Uniforms	$

OFFICE

Furniture/Equipment	$
Rent/Leasing	$

INSURANCE (other than health)

Life	$
Renters/Mortgage	$
Vehicle	$
Phone	$

SUPPLIES

Tools needed to conduct business	$
Products, pens, paper, CDs, etc	$

TRAVEL/ENTERTAINMENT

Travel	$
Meals/Entertainment	$
Business Trips	$

UTILITIES

Phone	$
Electric/Gas/Water	$
Internet/Cable	$

MISCELLANEOUS

Training	$
Contract Labor	$
Casualty Losses	$

I, the above mentioned taxpayer/spouse, solemnly swear that the information that was forwarded to the tax preparer is true to the best of my knowledge. In no way am I attempting to file a fraudulent claim by providing the tax preparer with false documentation. I understand that I must have receipts and/or bank statements on file as proof of the above expenses in the case of an audit.

Print Name _____ *Signature* _____ *Date*