BUSINESS INCOME AND EXPENSES FOR YOUR LLC, COMPANY OR HOME-BASED BUSINESS

You do NOT need to complete this form if you are using QuickBooks or an accounting program. Please provide us with a P&L and Balance Sheet from whatever program you are using for your end of the year figures/totals or use this document. Any details or breakdown of expenses that aren't listed, please notate in the note section or somewhere on this document initial.

BUSINESS NAME _____**Tax YEAR** _____

TOTAL INCOME FROM BUSINESS	$ _____
COST OF GOODS SOLD	
Total dollar amt of all inventory at the beginning of the year	$ _____
Total dollar amt of all purchases of the year	$ _____
Total dollar amt of all inventory at the end of the year	$ _____
Total Sub-Contractors expenses	$ _____
EXPENSES: Total receipts for the year, for each item (example)	
Advertising (brochure, ads, business cards, flyers, signs)	$ _____
Vehicle Expense (oil change, services, repairs, gas)	$ _____
Wages (paid to employee)	$ _____
Insurance (business insurance)	$ _____
Interest Paid	$ _____
Legal / professional fees (lawyers, taxes, consultant)	$ _____
Office Supplies (pens, papers, staples, etc.)	$ _____
Rent or Lease (office rent, storage rent)	$ _____
Equipment / Machinery Rental (for business use)	$ _____
Equipment / Machinery Purchase (for business use)	$ _____
Tools (small tools needed to run the business related)	$ _____

Repairs / Maintenance (computer, or equipment for office) $ _____

Tax and License (fees paid-business related) $ _____

Travel Expenses (car rental, air travel, tolls, parking fees) $ _____

Meals (meals related to business meetings) $ _____

Entertainment (business related meetings) $ _____

Utilities (gas, electricity, business related) $ _____

Phones (landlines, fax line, or cell related to business) $ _____

Internet (fees paid or computer connections, websites) $ _____

Major Purchases over $1000

Item: Purchase Date: Purchase Price: $ _____

Item: Purchase Date: Purchase Price: $ _____

Item: Purchase Date: Purchase Price: $ _____

Other/Misc.

Item: $ _____

Item: $ _____

Item: $ _____

Total Business Miles

1st vehicle _____ Miles

2nd vehicle _____ Miles

BUSINESS INFORMATION SHEET

DATE: _____

• I COMPANY INFORMATION

Business Name:

_____

EIN: _____-_____ Business Start Date: _____

MM _____ DD _____ YEAR _____

Business Address: _____

City: State: Zip Code: _____

Phone Number: (_____) - Email: _____

Entity Type: ___ Corp ___ C Corp ___ LLC ___ LLP ___ PLLC ___ PLC ___ SP

Did your business file a tax return from previous year? ___Yes ___No

• II. OWNER INFORMATION

Owner Name: _____ % of Ownership _____

Security Social Number: _____-_____-_____ Date of Birth: MM ___ DD ___ YEAR _____

Owner Address:

_____

City: _____State: _____ Zip Code:_____

Phone Number : (_____) _____- _____Email: _____

Owner Name: _____ % of Ownership _____

Security Social Number: _____-_____-_____ Date of Birth: MM ___ DD ___ YEAR _____

Owner Address:

_____

City: _____State: _____ Zip Code:_____

Phone Number : (_____) _____- _____Email: _____

NOTES:

_____

_____

_____

_____

_____

_____

- **RENTAL PROPERTY CHECKLIST**

One page per property

Property Address: _____

Purchase Date: _____

Purchase Price: _____

TOTAL RENT RECEIVED	$_____
EXPENSES:	
Advertising	$_____
Travel	$_____
Maintenance	$_____
Cleaning Fee	$_____
Commission	$_____
Insurance	$_____
Legal / professional fees (lawyer, taxes, consultant)	$_____
Management Fees	$_____
Mortgage Interest	$_____
HOA Fees	$_____
Repairs (minor)	$_____
Supplies	$_____

Clients Signature _____

Date _____

YEAR- END BUSINESS EXPENSES SUMMARY

A "memory jogger" to help you remember possible tax deductions home-business tax breaks.

Advertising costs	$_____
Commissions Paid By your business to agents	$_____
Wages (Paid by business)	$_____
Medical Expenses reimbursed to employees under Benefit Plan	$_____
Educational Expenses reimbursed to employees under Benefit Plan	$_____
Employee Business Expenses 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 Vehicle or Equipment	$_____
Repairs and Maintenance (except home or auto)	$_____
Office/Business Supplies	$_____
Taxes & License(except home or auto)	$_____
Travel Expenses	$_____

(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 a year)	$_____
Internet Access fees	$_____
Cleaning & Janitorial	$_____
Laundry & Cleaning (special restrictions apply)	$_____
Meeting Registration Fees	$_____
Outside Services	$_____
Permit & Fees	$_____
Printing	$_____
Seminars	$_____
Main Phone (excluding base charges)	$_____
Business Phone/fax line	$_____
Cell Phone	$_____
Voicemail	$_____
Pager	$_____
Web Hosting	$_____

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 $) $_____

VAHICLE #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 house as an office? YES _____ NO _____

Hours per week you work in your home office _____hours/week

Days per week you work in your home office _____days/week

Business hours per week you worked outside of office _____hours/week

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 DISPLAY 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.
(Include unfinished basement and garage **only if** they are used for business.) _____ **sq. ft.**

2. Enter the total square footage of any 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 tour 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.ELLISPROADVISORS.COM

provided to you courtesy of

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