

## Business Income & Expenses (Sole Proprietorship) & Independent Contractor

Tax Payer Name: \_\_\_\_\_

Principal business or profession: \_\_\_\_\_

Business name: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

Business address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Section 1:

Business is owned by:	<input type="checkbox"/> Taxpayer	<input type="checkbox"/> Spouse
Accounting Method:	<input type="checkbox"/> Cash	<input type="checkbox"/> Accrual
Did you materially participate in the business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this the first year of your business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you make any payments in 2023 that would require you to file any 1099 forms? If yes did you issue the 1099 forms? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Section 2:

Income	Amount
1. Gross receipts or sales <i>(Attach any 1099 forms received)</i>	
2. Returns and allowances	
3. Other income	

**Section 3: Vehicle Expenses** Do you use your car for business purposes? If yes, please complete the following questions. The following **MUST** be answered before your return can be completed. Please note that in addition to a mileage log or calendar, it is recommended that you retain receipts from oil changes or service visits to utilize as evidence of total mileage driven.

Car make, model, year: _____	Date began using for business: _____	Do you use another vehicle for personal use? <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Total number of miles driven during 2023: _____	2. Total number of business miles driven during 2023: _____	Do you have adequate records or sufficient evidence to justify these deductions? <input type="checkbox"/> Yes <input type="checkbox"/> No

## EXPENSES WORKSHEET

Expenses	Amount	Expenses	Amount
1. Advertising		21. Cell Phone	
2. Bad debts (N/A cash benefits)		22. Internet	
3. Commissions and fees paid to 3 <sup>rd</sup> party		23. Education and seminars	
4. Contract Labor		24. Parking Fees and Tolls	
5. Car Insurance		25. Uniforms and Upkeep	
6. Legal and professional services		26. Postage and shipping	
7. Allocation of tax preparation fees		27. Protective Gear/Equipment	
8. Office expense		28. Health insurance	
9. Rent or lease, vehicles or equipment		29. Client gifts (limited to \$25 each)	
10. Rent or lease, other business property		30. Management fees	
11. Repairs & maintenance, building		31. Consulting expenses	
12. Repairs & maintenance, equipment		32. Payroll service	
13. Repairs & maintenance, vehicles		33. Payroll taxes	
14. Supplies		34. Employee benefits	
15. Taxes and Licenses		35. Pension and profit sharing plans	
16. Meals and entertainment (in full)		36. Other: (Description)	
17. Travel			
18. Utilities			
19. Other taxes			
20. Other interest			

### Business Use of Home

1. Do you use any part of your home regularly and exclusively for business?  Yes  No
2. Description of work done in home office \_\_\_\_\_
3. Description of work done outside of work office \_\_\_\_\_
4. Total area of home \_\_\_\_\_ Area of Home Used for Office \_\_\_\_\_

Expenses	Amount
Mortgage interest	
Repairs and maintenance	
Utilities	
Rent	
Home Insurance	
Other	

I certify the information I (we) provided on this form is true and I (we) have proof of the claims

Client Signature \_\_\_\_\_ Date \_\_\_\_\_