

## Expenses Related to Business

### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

Yes No

Was this vehicle available for use during off-duty hours?

Was another vehicle is available for personal use?

Yes No

Do you have evidence to support your deduction?

If "Yes," is the evidence written?

### Number of miles the vehicle was driven

Business . . . . .		
Commuting . . . . .		
Other . . . . .		

### Expenses

Garage rent . . . . .		Repairs . . . . .	
Gas . . . . .		Tires . . . . .	
Insurance . . . . .		Tolls . . . . .	
Licenses . . . . .		Lease addback . . . . .	
Oil . . . . .		Other expenses	
Parking fees . . . . .		_____	
Rental fees . . . . .		_____	
Interest . . . . .		_____	
Property tax . . . . .			

### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions:

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

### Expenses

#### Office expenses

#### Home expenses

Mortgage interest . . . . .				
Real estate taxes . . . . .				
Excess mortgage interest . . . . .				
Excess real estate taxes . . . . .				
Insurance . . . . .				
Rent . . . . .				
Repairs & maintenance . . . . .				
Utilities . . . . .				
Other expenses . . . . .				

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.