



Family TAX OFFICE

SELF EMPLOYED BUSINESS DEDUCTIONS

Principal Business/Profession (include product/service): _____

Business Name: _____

Employer ID Number (EIN): _____ SIC code (if known) _____

Business Address: _____

Accounting method () cash () accrual () other-specify: _____

Did you "materially participate" in the operation of this business?

Did you start or acquire this business this year?

Did you make any payments in contract labor over \$600 to any one individual during the calendar year?

If yes, did you or will you file required Form(s) 1099NEC?

Would you like us to file your 1099 NEC for you?

INCOME

Gross receipts or sales: _____ cash or 1099 please provide 1099 forms
1099K merchant account (if applicable): _____ provide copy of 1099K

EXPENSES

Advertising: _____
Car and Truck expenses: SEE BUSINESS USE OF VEHICLES
Commissions and fees: _____
Contract labor: _____
Depletion: _____
Depreciation: \$ SEE DEPRECIATION LIST BELOW
Employee benefits programs: _____
Insurance: _____
Interest: Mortgage: _____
Other Interest: _____
Legal/Professional services: _____

Office expenses: _____
Pension and profit-sharing plans: _____
Rent or lease: _____
Vehicles, machinery, equipment: _____
Other business property: _____
Repairs and maintenance: _____
Supplies: _____
Taxes and licenses: _____
Overnight Travel meals: _____
Overnight Travel: _____
Utilities: \$ _____
Wages: \$ _____
Other: _____

Depreciable Expenses

List below depreciable business expenses (office furniture, computers, tools, equipment, machinery, etc.)

ASSET NAME _____

DATE PURCHASED _____ COST _____

ASSET NAME _____

DATE PURCHASED _____ COST _____

ASSET NAME _____

DATE PURCHASED _____ COST _____

ASSET NAME _____

DATE PURCHASED _____ COST _____

Other Expenses

List below business expenses not included above

Signature _____ Date _____

(760) 870-4441 text (858) 301-6100 office (760) 870-7770 fax

14231 Garden Rd Suite 11 Poway Ca 92064

www.FamilyTaxOffice.com