



### Business Information

Entity Type:  S Corp     C Corp     LLC     Partnership     Sole Prop.

Business Name: \_\_\_\_\_ EIN: \_\_\_\_\_ - \_\_\_\_\_

Product / Service: \_\_\_\_\_ Year Established: \_\_\_\_\_

Did you issue all required 1099 forms for subcontractors?  Yes     No     Not Applicable

### Owner Information (#1)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Ownership %: \_\_\_\_\_

### Owner Information (#2)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

### Total Year Business Income

Revenue / Sales / Earnings:    \$ \_\_\_\_\_

Other Income:    + \$ \_\_\_\_\_

**Total Year Business Income = \$ \_\_\_\_\_**

### If Home Office (Maximum 10% Deduction Limit):

Total Sq/Ft of Your Home: \_\_\_\_\_ Sq/Ft.    Total Square Ft of Your Office: \_\_\_\_\_ Sq/Ft.

### Total Year Home Office Expenses (Maximum 10% Deduction Limit).

Mortg. / Rent: \$ \_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_

Electricity: \$ \_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_

Water: \$ \_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_

Internet: \$ \_\_\_\_\_    \_\_\_\_\_    \$ \_\_\_\_\_





### Total Year Business Expenses

Advertising: \$ _____	Travel: \$ _____
Insurance: \$ _____	Education: \$ _____
Phone: \$ _____	Equipment: \$ _____
Internet: \$ _____	Rent: \$ _____
Uniforms: \$ _____	Tax & Licenses: \$ _____
Bus. Supplies: \$ _____	Meals: \$ _____
Office Suppl.: \$ _____	Repairs / Maint.: \$ _____
Outsourcing: \$ _____	_____ \$ _____
Electricity: \$ _____	_____ \$ _____
Water: \$ _____	_____ \$ _____
Legal & Prof.: \$ _____	_____ \$ _____
Software: \$ _____	_____ \$ _____

### If Claiming Vehicle Expenses and/or Mileage:

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Date Placed in Service: \_\_\_\_\_

Total Business Miles Driven During the Tax Year: \_\_\_\_\_ Miles.

Do you have a written record / log / evidence of Business Miles? [ ] Yes [ ] No

### Total Year Vehicle Expenses for:

Gas: \$ _____	Tolls: \$ _____
Insurance: \$ _____	Registration: \$ _____
Repairs: \$ _____	_____ \$ _____
Oil Change: \$ _____	_____ \$ _____
Tires: \$ _____	_____ \$ _____
Maintenance: \$ _____	_____ \$ _____

### Signature



Your signature below attests you have provided us true, correct, and accurate information. This information is to be used for your tax preparation.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_