

Tax Business Deduction List

Summary of Income and Expenses provided to Express Taxes & Business Services.

Company Name & Address: _____

Work Description: _____ **Tax ID #** _____ **Tax Year** _____

(Circle Entity Type): Sole Proprietorship LLC. S-Corp C-Corp Partnership

Annual Income/Revenue s _____

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Advertising/Promotion \$ _____
Website & Hosting fee \$ _____
Office Rents/Lease \$ _____
Office Utilities \$ _____
Telephones \$ _____
Internet \$ _____
Bank charges \$ _____
Credit Card fees \$ _____
Business License \$ _____
Permits \$ _____
Building Property Taxes \$ _____
Building Mortgage Interest \$ _____
Building Insurance \$ _____
Building Repairs/Maint \$ _____
Liability Insurance \$ _____
Workers Comp Insurance \$ _____
Education/Training \$ _____
Membership Dues \$ _____
Professional Services \$ _____
Legal fees \$ _____
Postage/Delivery fees \$ _____
Office Supplies \$ _____
Office Furniture/Fixtures \$ _____
Office Décor \$ _____
Office Parties \$ _____
Business Meals \$ _____
Business Gifts \$ _____
Air Travel \$ _____
Hotel/Lodging \$ _____
Car Rentals \$ _____
Transportation Cost \$ _____
Parking/Tolls \$ _____
Travel Meals \$ _____
*Computers \$ _____
*Software Programs \$ _____
Subscriptions \$ _____
Books/Magazines \$ _____ | Subcontractors (1099NEC) \$ _____
Employee (W-2) Wages \$ _____
Payroll Taxes \$ _____
Unemployment Taxes \$ _____
Payroll Service Fees \$ _____
Steel Toe Boots \$ _____
Safety Gear \$ _____
Storage Fees \$ _____
Uniforms & Cleaning \$ _____
Large Equipment \$ _____ (Dates)
Small Tools/Equipment \$ _____
Equipment Rental \$ _____
Material/Product Supplies \$ _____
Inventory Purchased for Re-Sale \$ _____
Inventory Left \$ _____
Shipping/Delivery Cost \$ _____
Vehicle Year/Model: _____
Date Purchased _____
Vehicle Cost \$ _____
Total Miles Driven # _____
Business Miles # _____
Leased Vehicle Payment \$ _____
Fuel Cost \$ _____
Repairs/Maintenance \$ _____
Vehicle Insurance \$ _____
Oil Changes/Washes \$ _____
Loan Interest \$ _____
Home Office Size: # _____
Square Footage of Home: # _____
IRA Contribution \$ _____
HSA Contribution \$ _____
Donations \$ _____
Federal Estimated Tax Payments \$ _____
State Estimated Tax Payment \$ _____
*Health Insurance Marketplace (attach 1095-A form)
Misc. Fees: \$ _____
Other Expenses \$ _____ |
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