

Expenses Related to Business

Name: _____

SSN: _____

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

☐ Another vehicle is available for personal use☐ There is evidence to support your deduction☐ This vehicle is available for use during off-duty hours☐ The evidence is written

Number of miles the vehicle was driven during 2016

Business _____ Commuting _____ Total _____

Garage rent _____ Property tax _____

Gas _____ Repairs _____

Insurance _____ Tires _____

Licenses _____ Tolls _____

Oil _____ Other expenses _____

Parking fees _____ _____

Lease payments _____ _____

Interest _____ _____

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 _____

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.