

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

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

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

- |                                                                                                                                                                                                                                              |                                                                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Was this vehicle available for use during off-duty hours?</p> <p><input type="checkbox"/> <input type="checkbox"/> Was another vehicle is available for personal use?</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you have evidence to support your deduction?</p> <p><input type="checkbox"/> <input type="checkbox"/> If "Yes," is the evidence written?</p> |
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Number of miles the vehicle was driven during 2021	2021	2020	Total number of miles the vehicle was driven in prior years	2021	2020
Business . . . . .	_____	_____	Business . . . . .	_____	_____
Commuting . . . . .	_____	_____	Total . . . . .	_____	_____
Other . . . . .	_____	_____			

Expenses	2021	2020	Expenses	2021	2020
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	
	2021	2020	2021	2020
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.