

# Pamela Price EA Inc.

*Pamela Price EA & Associates*  
*Enrolled to practice before the Internal Revenue Service*

## 2018 SERVICE BUSINESS

### INCOME

• **GROSS RECEIPTS** \_\_\_\_\_

### DEDUCTIONS

• **TAX PREPARATION** \_\_\_\_\_

**AUTO EXPENSE:** We MUST have your odometer reading!

	Year, Make, Model	Date Acqrd	Odometer Reading	Date Taken
<b>Vehicle #1:</b>	_____	_____	_____	_____
<b>Vehicle #2:</b>	_____	_____	_____	_____

	Vehicle #1	Vehicle#2
Total miles driven	_____	_____
Total miles for business	_____	_____
Gas, oil and lubrication	_____	_____
Repairs	_____	_____
Tires/batteries/supplies	_____	_____
Insurance	_____	_____
Lease cost	_____	_____
Wash and wax	_____	_____
Auto club	_____	_____
Loan interest (Schedule "C")	_____	_____
License (DMV Renewal)	_____	_____
Sales tax (if you purchased a car)	_____	_____
Parking	_____	_____

**\*NOTE:** Two vehicles are listed when a replacement is purchased in the course of the year or when two cars are used concurrently for this business activity. Please bring purchase OR lease papers on newly acquired vehicles.

**TRAVEL:** List city AND number of days per city: \_\_\_\_\_

Air Fares	_____	Cost of Lodging	_____
Meals	_____	Tips & Baggage	_____
Laundry & Cleaning	_____	Telephone	_____
Local Transportation	_____	Other	_____

(Taxis, subways, car rental, cost to and from airports)

- **ENTERTAINMENT** (Business meetings in restaurants, etc.) \_\_\_\_\_
- **ACCOUNTING** \_\_\_\_\_
- **ADVERTISING** \_\_\_\_\_
- **ANSWERING SERVICE / VOICEMAIL** \_\_\_\_\_
- **BANK CHARGES** (Only if you have a business account) \_\_\_\_\_
- **BUSINESS GIFTS** (Limited to \$25 per gift, per person) \_\_\_\_\_
- **CELLULAR PHONE** \_\_\_\_\_

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- **COMMISSIONS** \_\_\_\_\_
- **DELIVERY** \_\_\_\_\_
- **DUES AND PUBLICATIONS** \_\_\_\_\_
- **EQUIPMENT RENTAL** \_\_\_\_\_
- **INSURANCE** \_\_\_\_\_
- **INTERNET** \_\_\_\_\_
- **JANITORIAL SERVICES** \_\_\_\_\_
- **LAUNDRY AND CLEANING** \_\_\_\_\_
- **LEGAL AND PROFESSIONAL FEES** \_\_\_\_\_
- **LICENSES AND PERMITS** \_\_\_\_\_
- **MAINTENANCE** \_\_\_\_\_
- **OFFICE SUPPLIES** \_\_\_\_\_
- **OFFICE IN HOME:**
- We need:    **Total Sq Ftg:** \_\_\_\_\_    **Office Sq Ftg:** \_\_\_\_\_
- **Homeowners**
- **Mortg Int:** \_\_\_\_\_    **Property Tax:** \_\_\_\_\_
- **Renters**
- **Rent:** \_\_\_\_\_
- **BOTH**
- **Utilities:** \_\_\_\_\_    **Insurance:** \_\_\_\_\_
- **ONLINE SERVICES** \_\_\_\_\_
- **OUTSIDE SERVICES** (Fees you paid to others) \_\_\_\_\_
- **PENSION AND PROFIT SHARING PLANS** (Not IRAs) \_\_\_\_\_
- **POSTAGE** \_\_\_\_\_
- **PRINTING** \_\_\_\_\_
- **RENT ON BUSINESS PROPERTY** \_\_\_\_\_
- **REPAIRS TO EQUIPMENT OTHER THAN CAR** \_\_\_\_\_
- **SALARIES AND WAGES** \_\_\_\_\_
- **SUPPLIES** \_\_\_\_\_
- **TAXES** (This could be business, property, payroll, or sales. List type & amount) \_\_\_\_\_
- **TELEPHONE** \_\_\_\_\_
- **TOOLS** \_\_\_\_\_
- **TRAINING** \_\_\_\_\_
- **UNIFORMS** \_\_\_\_\_
- **BUSINESS EQUIPMENT:** (Assets such as answering machines are clearly deductible. Equipment such as TVs, VCRs, stereos, etc. which have both a personal and a business aspect are more difficult unless you have kept a log of the business use.) \_\_\_\_\_

TYPE OF EQUIPMENT	PURCHASE DATE	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Others you don't see a place for, questions, and notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_