

Pamela Price EA Inc.

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

2015 SERVICE BUSINESS

INCOME

- **GROSS RECEIPTS** _____

DEDUCTIONS

- **TAX PREPARATION** _____

- **AUTO EXPENSE:**

	Year, Make, Model	Date Acqrd	Odometer Reading	Date Taken
Vehicle #1:	_____	_____	_____	_____
Vehicle #2:	_____	_____	_____	_____

	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. Please bring purchase papers on newly acquired vehicles.

- **TRAVEL:** Note cities and number of days: _____

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** _____
- **BANK CHARGES** (Business account only) _____

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- **BUSINESS GIFTS** (Limited to \$25 per gift, per person) _____
- **CELLULAR PHONE** _____
- **COMMISSIONS** _____
- **DUES AND PUBLICATIONS** _____
- **EQUIPMENT RENTAL** _____
- **INSURANCE** _____
- **JANITORIAL SERVICES** _____
- **INTERNET ACCESS** _____
- **LAUNDRY AND CLEANING** _____
- **LEGAL AND PROFESSIONAL FEES** _____
- **LICENSES AND PERMITS** _____
- **OFFICE SUPPLIES** _____
- **OFFICE IN HOME:** Total square footage of your home _____
 Square footage of office _____
 If you own I need a property tax bill to allocate the structure against the land
 If you rent: Total rent for year _____
 Insurance _____
 Utilities _____
- **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** _____
- **UTILITIES** _____
- **BUSINESS EQUIPMENT:**

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

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