

# Pamela Price EA Inc.

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

## 2021 SERVICE BUSINESS

### INCOME

- **GROSS RECEIPTS** \_\_\_\_\_

### DEDUCTIONS

- **TAX PREPARATION** \_\_\_\_\_

**AUTO EXPENSE:** Please sure to give us your odometer reading.

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

	Vehicle #1	Vehicle#2
<b>Total miles driven</b>	_____	_____
<b>Total miles for business</b>	_____	_____
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 upload 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	_____
<small>(Taxis, subways, car rental, cost to and from airports)</small>			

- **ENTERTAINMENT (Business meetings ONLY!)** \_\_\_\_\_
- **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
    - Mortgage Int: \_\_\_\_\_ Property Tax: \_\_\_\_\_
  - Renters
    - Rent: \_\_\_\_\_
  - BOTH
    - Utilities: \_\_\_\_\_ Insurance: \_\_\_\_\_
- ONLINE SERVICES (NO streaming 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 (Home) \_\_\_\_\_
- TOOLS \_\_\_\_\_
- TRAINING \_\_\_\_\_
- UNIFORMS \_\_\_\_\_
- BUSINESS EQUIPMENT: (Equipment such as TVs, stereos, etc. which have both a personal and a business use 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_