

Non-Employee Business Expense Form

Name: _____

Tax Year: _____

Vehicle 1

Vehicle Year Make & Model: _____

Date placed in service: _____

Was the business vehicle available for personal use during off-duty hours? Yes No

Did you have another vehicle available for personal use? Yes No

Business Miles: _____

Commuting Miles: _____

Other Miles: _____

Vehicle Expenses:

Garage Rent: _____

Rental Fees: _____

Other Vehicle Expenses: _____

Gas: _____

Loan Interest: _____

Insurance: _____

Repairs: _____

Licenses: _____

Tires: _____

Oil: _____

Tolls: _____

Parking Fees: _____

Lease Payments: _____

Vehicle 2

Vehicle Year Make & Model: _____

Date placed in service: _____

Was the business vehicle available for personal use during off-duty hours? Yes No

Did you have another vehicle available for personal use? Yes No

Business Miles: _____

Commuting Miles: _____

Other Miles: _____

Vehicle Expenses:

Garage Rent: _____

Rental Fees: _____

Other Vehicle Expenses: _____

Gas: _____

Loan Interest: _____

Insurance: _____

Repairs: _____

Licenses: _____

Tires: _____

Oil: _____

Tolls: _____

Parking Fees: _____

Lease Payments: _____

Home Office

Square feet of home used exclusively for business: _____

Total square feet of home: _____

Home Expenses (not directly related to home office)

Mortgage Interest: _____

Repairs: _____

Other Utilities: _____

Real Estate Taxes: _____

Maintenance: _____

Other Expenses: _____

Insurance: _____

Electric: _____

Rent: _____

Internet: _____

Business Expenses for Schedule C

(Only complete if we do not track your bookkeeping)

Expenses

Advertising _____

Office Expense: _____

Cell Phone: _____

Commissions: _____

Rent (vehicle): _____

Phone/Internet: _____

Contract Labor: _____

Rent (machinery): _____

Utilities: _____

Employee Benefits: _____

Rent (other): _____

Wages: _____

Insurance: _____

Repairs: _____

Other Expenses: _____

Interest (mortgage): _____

Supplies: _____

Interest (other): _____

Licenses: _____

Legal Fees: _____

Travel: _____

Professional Fees: _____

Meals: _____
