

## YEAR-END BUSINESS EXPENSE SUMMARY

|  |          |
|--|----------|
| Advertising costs  | \$ _____ |
| Commissions <u>Paid By</u> your business to agents   | \$ _____ |
| Employee Expenses  |          |
| Wages (Paid by business)   | \$ _____ |
| Medical Expenses reimbursed to employees under Benefit Plan  | \$ _____ |
| Education Expenses reimbursed to employees under Benefit Plan  | \$ _____ |
| Employee Business Expense Reimbursements   | \$ _____ |
| Pension plans for employees  | \$ _____ |
| Insurance ( <u>except</u> health, home, auto, or life)   | \$ _____ |
| Interest ( <u>except</u> home or auto)   | \$ _____ |
| Legal/Professional fees  | \$ _____ |
| Office rent ( <u>except</u> home-office)   | \$ _____ |
| Rent (not lease) of Vehicles or Equipment  | \$ _____ |
| Rent of property (except home)   | \$ _____ |
| Repairs & Maintenance ( <u>except</u> home or auto)  | \$ _____ |
| Office/Business Supplies   | \$ _____ |
| Taxes & Licenses ( <u>except</u> home or auto)   | \$ _____ |
| Travel Expense   | \$ _____ |
| (Include Transportation, Lodging, Taxis, Rental Cars, Tips, Phone charges for business calls, use of in-room Safe, laundry & dry cleaning, personal grooming expenses, |          |
| Meals & Entertainment  | \$ _____ |
| Utilities ( <u>other than</u> home)  | \$ _____ |
| Accounting fees  | \$ _____ |
| Bank Charges   | \$ _____ |
| Debt Collection  | \$ _____ |
| Postage & Delivery   | \$ _____ |
| Dues & Subscriptions   | \$ _____ |
| Gifts (limited to \$25 per person per year)  | \$ _____ |
| Internet Access fees   | \$ _____ |
| Cleaning & Janitorial  | \$ _____ |
| Laundry & Cleaning (special restrictions apply)  | \$ _____ |
| Meeting Registration Fees  | \$ _____ |
| Outside Services   | \$ _____ |
| Permits & Fees   | \$ _____ |
| Printing   | \$ _____ |
| Seminars   | \$ _____ |
| Main Phone ( <u>excluding</u> base charges)  | \$ _____ |
| Business Phone/fax line  | \$ _____ |
| Cell Phone   | \$ _____ |
| Voicemail  | \$ _____ |
| Pager  | \$ _____ |
| Web Hosting  | \$ _____ |

## VEHICLE #1

|  |           |
|--|-----------|
| Total miles driven for all purposes all year | _____ mi. |
| Business Use Percentage                      | _____ %   |
| Charitable miles driven during the year      | _____ mi. |
| Medical miles driven during the year         | _____ mi. |
| Own or Lease?                                | _____     |
| Written Vehicle-Use log? (Y/N)               | _____     |
| <b>Total Vehicle Operating Expenses</b>      |           |
| Gas  | \$ _____  |
| Oil  | \$ _____  |
| Maintenance                                  | \$ _____  |
| Repairs                                      | \$ _____  |
| Insurance                                    | \$ _____  |
| Property Tax                                 | \$ _____  |
| License/Registration                         | \$ _____  |
| Parking/Tolls                                | \$ _____  |
| Interest paid on auto loan (in \$)           | \$ _____  |

## VEHICLE #2

|  |           |
|--|-----------|
| Total miles driven for all purposes all year | _____ mi. |
| Business Use Percentage                      | _____ %   |
| Charitable miles driven during the year      | _____ mi. |
| Medical miles driven during the year         | _____ mi. |
| Own or Lease?                                | _____     |
| Written vehicle use log? (Y/N)               | _____     |
| <b>Total Vehicle Operating Expenses</b>      |           |
| Gas  | \$ _____  |
| Oil  | \$ _____  |
| Maintenance                                  | \$ _____  |
| Repairs                                      | \$ _____  |
| Insurance                                    | \$ _____  |
| Property Tax                                 | \$ _____  |
| License/Registration                         | \$ _____  |
| Parking/Tolls                                | \$ _____  |
| Interest paid on auto loan (in \$)           | \$ _____  |

**1. Did you use a portion of your home as an office?** YES \_\_\_ NO \_\_\_  
 Hours per week you work in your home office \_\_\_\_\_ hrs/wk  
 Days per week you work in your home office: \_\_\_\_\_ days/wk  
 Business hours per week you worked outside of office \_\_\_\_\_ hrs/wk

**2. Is the “Management Function” of the business performed in the home office?** YES \_\_\_ NO \_\_\_

**3. Do you meet customers there?** YES \_\_\_ NO \_\_\_

**4. Is home office where “money changes hands” in your business?** YES \_\_\_ NO \_\_\_

**5. Are the tasks performed in the home office “Primary Business Functions”?** YES \_\_\_ NO \_\_\_

**6. Was this area used Regularly and Exclusively for business?** YES \_\_\_ NO \_\_\_

**▲ If you answered YES to #6, above ▲  
 – OR –  
 If You STORED INVENTORY or TOOLS, or  
 DISPLAYED PRODUCT SAMPLES  
 in your house or apartment, complete the following:**

**HOME OFFICE BUSINESS-USE-PERCENTAGE (BUP) CALCULATOR**

1. Enter the total square footage of your home. \_\_\_\_\_ sq. ft.  
 (Include unfinished basement and garage only if they are used for business.)
2. Enter the square footage of the room or area that you use **Regularly and Exclusively** as an office. \_\_\_\_\_ sq. ft.
3. Enter the square footage of any rooms other than your office, including basement or garage IF you store inventory or product samples **AND DO NOT** use this space more than occasionally for personal purposes.  
 (Examples: basement used for nothing else, not even laundry: formal dining room used only at Thanksgiving)  
 \_\_\_\_\_ sq. ft.
4. Enter the square footage of the footprint of the space **ACTUALLY OCCUPIED** by any inventory or product samples that are kept in any rooms or areas other than those covered by questions #2 or 3. \_\_\_\_\_ sq. ft.

**Was your home used for a Daycare Business? YES \_\_\_ NO \_\_\_**

**If YES:** # Hours per Day \_\_\_\_\_  
# Days per Week \_\_\_\_\_  
# Weeks during tax year \_\_\_\_\_

**If you OWN (or are buying) your home, answer the following:**

Cost of home (purchase price, including land, plus improvements) \$ \_\_\_\_\_  
Land value on day of purchase \$ \_\_\_\_\_  
Mortgage interest you paid \$ \_\_\_\_\_  
Real estate tax \$ \_\_\_\_\_  
Homeowner's insurance \$ \_\_\_\_\_  
Repairs and Maintenance \$ \_\_\_\_\_  
Annual cost of utilities: (Electricity, Gas, Water, NO TELEPHONE OR TV) \$ \_\_\_\_\_  
Mortgage insurance \$ \_\_\_\_\_  
Other expenses (security, HOA dues, etc.) \$ \_\_\_\_\_

**If you RENT your home or apartment, answer the following:**

Annual Rent \$ \_\_\_\_\_  
Renter's Insurance \$ \_\_\_\_\_  
Annual cost of utilities paid by you \$ \_\_\_\_\_  
Repairs and Maintenance expenses paid by you \$ \_\_\_\_\_

**OTHER Costs of Doing Business (if NOT Covered above):**

\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Completing this Summary and Providing it to your Tax Preparer  
will likely result in  
Lower Tax Preparation Fees AND More Tax Deductions for You**

This Worksheet and other Free Resources are available at

**[www.HomeBusinessTaxSavings.com](http://www.HomeBusinessTaxSavings.com)**

provided to you courtesy of

**Ronald R. Mueller**

author of

***"It's How Much You KEEP, That Counts! Not how much you Make"***

*"The ONLY Step-by-Step Guide to Home Business Tax Breaks Authorized by Congress"*