

### Expenses Related to Business

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle \_\_\_\_\_ Date vehicle was placed in service \_\_\_\_\_

- |                          |                          |   |                          |                          |   |
|--------------------------|--------------------------|---|--------------------------|--------------------------|---|
| Yes                      | No                       |   | Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Was this vehicle available for use during off-duty hours? | <input type="checkbox"/> | <input type="checkbox"/> | Do you have evidence to support your deduction? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was another vehicle is available for personal use?        | <input type="checkbox"/> | <input type="checkbox"/> | If "Yes," is the evidence written?              |

#### Mileage

Number of miles the vehicle was driven during 2022

Business:	Before July 1, 2022 . . . . .	_____	Commuting . . . . .	_____
	After June 30, 2022 . . . . .	_____	Other . . . . .	_____

#### Expenses

Garage rent . . . . .	_____	Repairs . . . . .	_____
Gas . . . . .	_____	Tires . . . . .	_____
Insurance . . . . .	_____	Tolls . . . . .	_____
Licenses . . . . .	_____	Lease addback . . . . .	_____
Oil . . . . .	_____	Other expenses	_____
Parking fees . . . . .	_____		_____
Rental fees . . . . .	_____		_____
Interest . . . . .	_____		_____
Property tax . . . . .	_____		_____

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the total square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

#### Expenses

#### Office expenses

#### Home expenses

Mortgage interest . . . . .	_____	_____
Real estate taxes . . . . .	_____	_____
Excess mortgage interest . . . . .	_____	_____
Excess real estate taxes . . . . .	_____	_____
Insurance . . . . .	_____	_____
Rent . . . . .	_____	_____
Repairs & maintenance . . . . .	_____	_____
Utilities . . . . .	_____	_____
Other expenses . . . . .	_____	_____

In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.