



# T-Accounting & Tax Service LLC

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101 Devant Street | Fayetteville GA 30214

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

Tax Year: \_\_\_\_\_

Business name (if different): \_\_\_\_\_

Business Code: \_\_\_\_\_

GROSS INCOME \$ \_\_\_\_\_

### EXPENSES

Accounting \$ \_\_\_\_\_

Advertising \$ \_\_\_\_\_

Bank Charges \$ \_\_\_\_\_

Commissions \$ \_\_\_\_\_

Contract Labor \$ \_\_\_\_\_

Dues and Subscriptions \$ \_\_\_\_\_

Employee benefit programs \$ \_\_\_\_\_

Insurance (other than health & life ) \$ \_\_\_\_\_

Interest (Not mortgage interest) \$ \_\_\_\_\_

Legal and professional \$ \_\_\_\_\_

Office expense \$ \_\_\_\_\_

Pension and Profit-Sharing Plans \$ \_\_\_\_\_

Postage/shipping \$ \_\_\_\_\_

Printing \$ \_\_\_\_\_

Rent or Lease – Equipment \$ \_\_\_\_\_

Rent or Lease - Building \$ \_\_\_\_\_

Repairs and Maintenance \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_

Sales Tax(If included in Gross Inc.) \$ \_\_\_\_\_

Payroll Taxes \$ \_\_\_\_\_

Personal Property Tax \$ \_\_\_\_\_

Telephone \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_

Meals and Entertainment \$ \_\_\_\_\_

Uniforms \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Wages \$ \_\_\_\_\_

Internet \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

### VEHICLE EXPENSES

\*Note: You must provide the mileage and retain record via a log in case of audit.

Business miles (Does not include commuting) + \_\_\_\_\_

Personal miles (Include commuting here) + \_\_\_\_\_

Total Vehicle miles = \_\_\_\_\_

### ACTUAL EXPENSES PAID:

Gasoline, lube, oil \$ \_\_\_\_\_

Repairs \$ \_\_\_\_\_

Tires \$ \_\_\_\_\_

Insurance \$ \_\_\_\_\_

Auto license \$ \_\_\_\_\_

Registration \$ \_\_\_\_\_

Interest paid on car loan \$ \_\_\_\_\_

Lease payment (if applicable) \$ \_\_\_\_\_

Tolls \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

% of time vehicle used for business if less than 100% % \_\_\_\_\_

### EQUIPMENT PURCHASED THIS YEAR

Description	New/Used?	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

### EQUIPMENT SOLD OR DISPOSED OF

	SOLD FOR
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Did you make any payments that require you to file 1099s? Yes  No  If yes, are you filing them? \_\_\_\_\_

Does the business own any life insurance contracts entered into after 8/17/2006? Yes  No

Per Diem: Are you required to be away from home overnight for work? Number of overnights \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_