

Expenses Related to Business

Name:

SSN:

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- Another vehicle is available for personal use
This vehicle is available for use during off-duty hours
There is evidence to support your deduction
The evidence is written

Number of miles the vehicle was driven during 2018
Business _____ Commuting _____ Total _____

Garage rent Property tax
Gas Repairs
Insurance Tires
Licenses Tolls
Oil Other expenses
Parking fees
Lease payments
Interest

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
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.