

PERSONAL INFORMATION:

LAST NAME:

FIRST NAME:

MIDDLE NAME:

BUSINESS INFORMATION:

BUSINESS NAME:

BUSINESS TYPE:

BUSINESS EIN:

BUSINESS INCOME AND EXPENSES:

TOTAL BUSINESS CASH / CASH APP/ PAYMENT PROCESSING INCOME:

TOTAL 1099 BUSINESS INCOME:

ADVERTISING:

CONTRACT LABOR:

COMMISSION / FEES:

HEALTH INSURANCE:

OTHER INTEREST:

LEGAL & PROFESSIONAL SERVICES:

OFFICE EXPENSES:

RENT / LEASE EQUIPMENT:

RENT / LEASE PROPERTY:

REPAIRS / MAINTENANCE:

SUPPLIES:

TAXES / LICENSES:

TRAVEL:

MEALS AND ENTERTAINMENT:

UTILITIES:

EMPLOYEE WAGES:

OTHER EXPENSES:

1. EXPENSE DESCRIPTION: EXPENSE AMOUNT:

2. EXPENSE DESCRIPTION: EXPENSE AMOUNT:

3. EXPENSE DESCRIPTION: EXPENSE AMOUNT:

4. EXPENSE DESCRIPTION: EXPENSE AMOUNT:

5. EXPENSE DESCRIPTION: EXPENSE AMOUNT:

VEHICLE INFORMATION:DESCRIPTION OF VEHICLE: DATE VEHICLE WAS PLACED IN SERVICE: BUSINESS MILES: COMMUTING MILES: OTHER MILES: DO YOU HAVE ANOTHER VEHICLE AVAILABLE FOR PERSONAL USE? YES ☐ NO ☐**HOME OFFICE:**DO YOU HAVE A HOME OFFICE? YES ☐ NO ☐SQUARE FOOTAGE OF HOME OFFICE: SQUARE FOOTAGE OF HOME:

By signing below, I affirm that I have read or had this statement read to me in full and that all information I have given is true, correct, and complete to the best of my ability, knowledge, and belief.

TAXPAYER SIGNATURE: DATE SIGNED:

SCHEDULE AN APPOINTMENT HERE

