

Small Business/Self Employed

Name: _____ Phone: _____

Product/Service Offered:
Business Name:
Business Address:

NAICS Business Code: _____
 EIN/Employer ID: _____
 Did your company file any 1099 Contractor Forms? Yes / No

If reporting a total that was calculated on another worksheet, please identify that total by placing a circle around it.

Business Income	
Credit Card Processing Sales/1099K Forms	
Other Cash/Check Sales/Income Ledger	
Returns and Allowances	
Other Income:	
Total:	

Office Expense	
Computer/Printer/Electronics	
Paper/Ink/Pens/Consumables	
Furniture	
Art/Decoration	
Computer Case/Holders/Filing System	
Software/Registration/Subscriptions	
PO Box/Mailing Supplies	
Total:	

Operational Expense	
Advertising - Ad Campaigns	
Marketing - Branded Supplies/Cards/Promo items	
Commission and Fees - Business to Business	
Contract Labor - Business to Person	
Wages - Payroll	
Legal and Professional - for Services Rendered	
Liability Insurance/Business Insurance	
Interest on Real Estate - Owned by Company	
Other Interest Paid - All Other Interest	
Rent - Vehicle and Machinery	
Rent - Building Lease/Storage	
Repairs and Maintenance	
Total:	

Cost of Goods Sold (Inventory)	
Beginning Inventory	
Purchase less Personal	
Cost of Labor -Incurred to Procure Goods	
Materials and Supplies - Used to Generate Goods	
Other Costs - Set up/Delivery/Freight	
Ending Inventory	

Utilities - For Property Owned by Company	
Gas	
Electric	
Water/Sewage	
Trash	
Phone	
Internet	
Other:	
Total:	

Business Related Travel Expense	
Airfare	
Parking & Tolls	
Lodging	
Bus/Trolley/Car Rental/Taxi	
Meals	
Seminars/Training/Trade Shows	
Total:	

Communication Expense	
Cell Phone Usage	
Percentage of Business Related Use	
Cell Phone Purchase	
Cell Phone Accessories	
Total:	

****Please Round to the Nearest Dollar****



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 Sierra Vista, Arizona 85635
 (520) 612-1711
 www.ProTaxNow.com

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Taxes and Licenses	
Payroll Taxes	
FUTA and State Un-employment	
Sales Tax	
Real Estate/Property Tax	
Operating Licenses	
Other:	
Total:	

Supplies	
General Supplies	
Uniforms/Laundry/Dry-cleaning	
Janitorial/toiletry	
Industry Specific Supplies	
Other:	
Other:	
Other:	
Other:	
Total:	

Employee Benefits	
Profit Sharing	
Health Care	
PTO/Sick Leave	
Fringe Benefits/Recreational	
Company Outings/Parties/Food Expenses	
Total:	

Mileage or Actual Expense	
Does the Business own the Vehicle?	Yes / No
Are Employee's Authorized to drive the vehicle?	Yes / No
Is the Vehicle Parked at your place of Business?	Yes / No

If you answered yes to any of the above questions, you may consider taking Actual Expense.

Vehicle Year/Make/Model: _____

Other Costs Not Claimed Elsewhere	
Other:	
Other:	
Other:	
Other:	
Total:	

Actual Vehicle Expense (If No Mileage is Taken)	
Vehicle Wash/Up-keep/Accessories	
Oil Change/Maintenance	
Repairs	
Fuel	
Total:	

Keep a separate Record for each Vehicle owned or operated for Business Use	
All Mileage for the Year	
Average Daily Commute	

Mileage Log for Business Activities In Personal Vehicle	
Miles to Manage Business Activities	
Miles to Purchase Supplies and Errands	
Miles to Meet with Clients/Partners	
Other:	
Total Business miles	

*** Take Picture of Odometer at beginning of the Year***
 *** Take Picture of Odometer at end of the Year***
 *** Keep a Daily Mileage Log of all work related Mileage***

Example of a mileage log entry

Name of Business or Person				Milage Log	
Vehicle Year/Make/Model: 2009 Ford Flex		Month/Year: April, 2016			
Date	Beginning Address	Ending Address	Miles	Business Purpose	Initials
04/06/16	555 Don Jaun Ln, 85747	260 S. Terrace Ave, 85635	67.3	Driving to Check Point	
04/06/16	260 S Terrace Ave, 85635	555 Don Jaun Ln, 85747	67.3	Driving Back to Base	
04/11/16	178 Bad Cave Rd, 85622	555 Don Jaun Ln, 85747	26.7	Mandatory Training	

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