

BUSINESS EXPENSE FORM



Business Name _____ Business Income \$ _____ Year _____

Do you have employees or contractors? Yes No Do you have inventory? Yes No

ADVERTISEMENT

Business Cards/Promotions/Flyers \$	\$
Networking/Marketing Meetings \$	\$
Website/Online Marketing \$	\$

COMPANY FEES

Legal/Professional Fees	\$
Commissions/Fees	\$
Contract Labor	\$
Taxes/Licenses	\$

EMPLOYMENT BENEFIT PROGRAM

Continuing Education/Seminars	\$
Logo Apparel	\$
Other	\$

INSURANCE (Other Than Health)

Health Insurance	\$
Health Savings Accounts	\$
Liability/Workers Comp	\$
Vehicle Insurance	\$

INTEREST

Mortgage	\$
Other	\$

OFFICE

Furniture/Equipment \$	\$
Rent/Lease \$	\$
Other Business Property \$	\$

TRAVEL/ENTERTAINMENT

Flights	\$
Hotels	\$
Meals and Entertainment	\$
Other Expenses	\$

SUPPLIES

Computer Supplies/Software	\$
Office Supplies/Office Tools	\$
Other	\$

VEHICLE

Gas	\$
Repairs/Maintenance	\$
Tolls/Parking	\$
Mileage: Total Miles _____ Business _____	

UTILITIES

Electric/Gas/Water	\$
TV/Internet/Phone	\$

By completing this form, you acknowledge and affirm the information provided by you is complete and accurate to the best of your knowledge. You also affirm you are in no way attempting to file a fraudulent claim by providing the tax preparer with false or intentionally omitted information and documentation. You must have and retain appropriate documentation in case of an audit.

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