

BUSINESS OR TAXPAYER NAME _____ **TAX YEAR 2017**

BUSINESS OWNERS AND EMPLOYEES, ANY INFORMATION REQUESTED BELOW PERTAINING TO YOUR BUSINESS OR UNREIMBURSED EMPLOYEE EXPENSES MUST BE FILLED IN FOR US TO BE ABLE TO COMPLETE YOUR RETURN. MISSING INFORMATION WILL CAUSE A DELAY IN YOUR RETURN'S PREPARATION.

BUSINESS MILEAGE Vehicle Description > _____
1. 2017 Business Miles (first business stop to last business stop) _____
2. 2017 Commuting Miles (from home to first business stop and last business stop to home) _____
3. 2017 Other Miles (personal miles) _____
4. 2017 Total Miles Driven (1+2+3 = 4) _____

Was your vehicle available for use during off-duty hours? Y N
Is another vehicle available for personal use? Y N
Do you have evidence to support your deduction? Y N
If yes, is evidence written? Y N

NOTE: IRS regulations require that you maintain documentation of your business mileage. You should maintain a mileage log as documentation. This form does not qualify as written documentation of mileage.

1099 REPORTING

Did you make any payments in 2017 that would require you to file Form(s) 1099? Y N
If "Yes," did you or will you file required Forms 1099? Y N

BUSINESS CELL PHONE

Total Amount of Cell Phone Bills Paid in 2017 \$ _____
Number of Phones on Cell Phone Bills in 2017 _____
Number of Phones on Cell Phone Bills That Are Used for Business in 2017 _____
Percent of Business Use on Each Business Phone in 2017 _____%

2017 BUSINESS EQUIPMENT, FURNITURE, COMPUTERS, SOFTWARE, ETC.

| | | | |
|---|------------------------|------------------------|------------------------|
| Assets Description Acquired in 2017 | _____ | _____ | _____ |
| Date in Service in 2017 | _____ | _____ | _____ |
| Amount Paid | _____ | _____ | _____ |
| Business Equipment, Furniture, Etc. No Longer in Business in 2017 | | | |
| Date Disposed in 2017 | _____ | _____ | _____ |
| Method Disposed | SOLD TRADE SCRAP | SOLD TRADE SCRAP | SOLD TRADE SCRAP |
| Amount or Item Received in 2017 | _____ | _____ | _____ |

HOME OFFICE (to qualify, you must be able to answer "No" to the first question and "Yes" to the second)

Does your employer or business provide a separate office outside of your home? Y N
Do you have an area in your home that is used exclusively for the administration and management of your business? Y N
If you qualify, do you wish to claim a home office deduction? (If so, complete home office worksheet) Y N

BUSINESS OWNER/EMPLOYEE SIGNATURE _____ **DATE** _____