

BUSINESS OR TAXPAYER NAME _____

TAX YEAR 2020

BUSINESS OWNERS, ANY INFORMATION REQUESTED BELOW PERTAINING TO YOUR BUSINESS, RENTAL, OR FARM 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. NOTE: UNREIMBURSED EMPLOYEE EXPENSES ARE NO LONGER DEDUCTIBLE. THIS FORM SHOULD ONLY BE USED FOR SELF-EMPLOYMENT, RENTAL, FARM, OR PARTNERSHIP EXPENSES.

BUSINESS MILEAGE

Vehicle Description> _____

- 1. 2020 Business Miles (first business stop to last business stop) _____
- 2. 2020 Commuting Miles (from home to first business stop and last business stop to home) _____
- 3. 2020 Other Miles (personal miles) _____
- 4. 2020 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 2020 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 2020 \$ _____
 Number of Phones on Cell Phone Bills in 2020 _____
 Number of Phones on Cell Phone Bills That Are Used for Business in 2020 _____
 Percent of Business Use on Each Business Phone in 2020 _____%

2018 BUSINESS EQUIPMENT, FURNITURE, COMPUTERS, SOFTWARE, ETC.

Assets Description Acquired in 2020	_____	_____	_____	_____	_____	_____	_____	_____	
Date in Service in 2020	_____	_____	_____	_____	_____	_____	_____	_____	
Amount Paid	_____	_____	_____	_____	_____	_____	_____	_____	
Business Equipment, Furniture, Etc. No Longer in Business in 2020	_____	_____	_____	_____	_____	_____	_____	_____	
Date Disposed in 2020	_____	_____	_____	_____	_____	_____	_____	_____	
Method Disposed	SOLD	TRADE	SCRAP	SOLD	TRADE	SCRAP	SOLD	TRADE	SCRAP
Amount or Item Received in 2020	_____	_____	_____	_____	_____	_____	_____	_____	

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 SIGNATURE _____

DATE _____