

2020 SELF EMPLOYED CLIENT EXPENSE SHEET/QUESTIONNAIRE

Client: _____ **Business Telephone #:** _____

Business Type: _____

Business Address: _____ **City/State/Zip:** _____

EIN (if applicable): _____ **(proof will be required)**

Business Structure: Sole Proprietor: _____ **LLC** _____

The most common reason for being audited is failing to break down your expenses into a sufficient number of separate categories.

Advertising: Newspaper ads, brochures, signs, flyers, etc.

Bank Fees: If you have a separate checking account for business purposes.

Commissions Paid: Commissions paid by you to other businesses or other fee splitting arrangements if the total commission was reported to you.

Dues & Memberships: Dues and memberships that are business related. Country club initiation fees are not deductible.

Entertainment & Meals: Must be business related and you must save receipts showing who was entertained and why. Legal and

Accounting: Professional fees directly related to your business.

Tax preparation fees relating to your Schedule C.

Telephone: No deduction is allowed for any portion of the base monthly charge on your first phone line. Additional phone lines or special features that you have for business reasons may be fully deductible.

The IRS requires that you document personal versus business use of mobile phones.

Client Gifts: Include closing or other gifts given to clients, referral sources, bank agents, etc. up to \$25 per individual.

Insurance: Home owners rider for clients on premises and any other business insurance. You must list your health insurance separately from any insurance provided to employees. Do not include auto or home insurance here.

Printing & Stationary: Business cards, Christmas cards, letterhead and envelopes.

Postage & Delivery: Include courier, federal express, stamps, fax charges.

Referral Fees: Cash or gifts given to others for providing referrals even if the referral does not lead to a commission.

Publications: Professional and business journals, books, newspapers, magazines, etc. **Licenses & Taxes:** Professional and business licenses.

Office Equipment: Answering machines, file cabinets, fax machines, computers, etc. Give detail if large amount.

Travel Expenses: Travel & lodging to out-of-town conventions, customers, clients, suppliers, seminars, etc.

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

You can provide a Profit & Loss Statement instead of completing this worksheet.

Advertising/Promotion	Amounts
Business Cards	
Advertising	
Flyers	
Promo Items	
Other (please List)	
Legal & Professional	
Attorney Fees for business, accounting fees, etc.)	
Continuing education or training costs	
Office Expenses	
Postage, paper, office supplies, receipt books, pens, etc.	
Total	

Utilities	Amounts
Cable	
Answering Service	
Internet (WiFi)	
Cell Phone/Salon Phone	
Gas, Water	
Electricity	
Rent/Lease Info	
Booth Rent, space or building rents, business machinery	
Repairs/Maintenance	
Associated with salon location upgrades/Repairs	
Supplies	
Beauty/barber supplies; combs, brushes, clippers, oils, creams, salon tools, gloves, aprons, etc.	
Other industry supplies may include those used in your daily business	
Total	

If you have other expenses that have not been mentioned, please write them in here along with amounts.

CAR and TRUCK EXPENSES

OFFICE in HOME

	VEHICLE 1	VEHICLE 2	Office must be focal point of business.
Year and Make of Vehicle			Date Acquired Home _____
Date Purchased (month, date and year)◊			Total Cost _____
Ending Odometer Reading (December 31)			Cost of Land _____
Beginning Odometer Reading (January 1)	-	-	Cost of Improvements _____
Total Miles Driven (End Odo – Begin Odo)			Sq. Footage of Home _____
Total Business Miles (do you have another vehicle?)			Sq. Footage of Office Area _____
Total Commuting Miles			Rent Paid (if you rent) _____
Parking Fees and Tolls			Interest _____
License Plates			Taxes _____
Interest			Utilities/Garbage _____
Continue only if you take actual expense (must use actual expense if you lease)			Insurance _____
Gas, oil, lube, repairs, tires, batteries, insurance, supplies, wash, wax, etc.			Repairs/Maintenance _____
Lease Costs			Hours Used per Week _____
			Hours Worked per Week _____

If you drove your vehicle for Uber or Lyft, or any type of courier services please detail miles and incurred costs below:

Miles Driven: _____ Tolls/Parking Paid: \$ _____

Did you purchase water, snacks, etc. for ride clients? If so, list amount: \$ _____

Please list any additional expenses you incurred during the course of business (if more than one business please specify which one expenses refer to)

Expense Type	Amount	Do you have Receipts?	Notes

Client Signature: _____

Date: _____