









### Expenses Related to Business

#### Auto Expense

Name of business vehicle is used for \_\_\_\_\_

Description of vehicle: \_\_\_\_\_

Date vehicle was placed in service: \_\_\_\_\_

Check if Applicable:

Another vehicle is available for personal use

There is evidence to support your deduction

This vehicle is available for use during off-duty hours

The evidence is written

Number of miles the vehicle was driven during the tax year: Business \_\_\_\_\_ Commuting \_\_\_\_\_ Total \_\_\_\_\_

Type	Amount	Type	Amount	Type	Amount
Garage rent		Property tax		Gas	
Insurance		Repairs		Tires	
Licenses		Tolls		Oil	
Parking fees		Interest		Lease payments	
Other _____		_____		_____	
_____		_____		_____	

#### Business Use of Home

Name of business home is used for \_\_\_\_\_

What is the square footage of your home that was used regularly and exclusively for business? \_\_\_\_\_

What is the total square footage of your home? \_\_\_\_\_

For daycare facilities not used exclusively for business, complete the following questions.

How many days during the year was the area used? \_\_\_\_\_

How many hours per day was the area used? \_\_\_\_\_

The daycare facility was in operation for the entire year

Expenses	Office expenses	Home expenses	In the "Office expenses" column, enter those expenses that pertain exclusively to your office. In the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Mortgage interest			
Real estate taxes			
Excess mortgage interest			
Insurance			
Rent			
Repairs & maintenance			
Utilities			
Other expenses			

<b>Rental Income</b>	Property #1	Property #2	Property #3	Property #4
Address				
City/State				
<b>Rent Received</b>				
<b>Expenses</b>				
Advertising				
Auto & Travel				
Auto Miles				
Cleaning & Maintenance				
Commissions Paid				
Grounds & Gardening				
Insurance				
Interest Expense				
Legal & Professional				
Management Fees				
Repairs & Maintenance				
Supplies				
Taxes				
Utilities				
Association Dues				
Pest Control				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				

**Notes**

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I (We, if filing Jointly) acknowledge that the above information provided by me/us is true and accurate to the best of my/our knowledge. I/We hereby relieve Diversified Accounting Services, its agents and affiliates, from any liability whatsoever, regarding the preparation of this/ these tax returns, and agree to hold them harmless from any damages I/We may suffer and understand that my/our sole relief is limited to the return of any fee paid for the preparation of these tax documents. I/we guarantee payment of the preparation fee and any related charges.

Primary Taxpayer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_