

# SELF-EMPLOYED INDIVIDUAL DEDUCTIONS

Client: \_\_\_\_\_

ID# \_\_\_\_\_

Tax Year \_\_\_\_\_

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.

## Operating Expenses

|                           |  |
|---------------------------|--|
| Advertising               |  |
| Bank Charges              |  |
| Business Cards            |  |
| Catalogues                |  |
| Cleaning & Maintenance    |  |
| Commissions               |  |
| Demos                     |  |
| Depreciation & Sect. 179  |  |
| Employee Benefits         |  |
| Freight                   |  |
| Gifts                     |  |
| Interest                  |  |
| Map Books                 |  |
| Office Expense            |  |
| Pension/Profit Sharing    |  |
| Postage/Delivery Expenses |  |
| Printing                  |  |
| Refunds                   |  |
| Rent (Machinery/Equip)    |  |
| Rent (Other)              |  |
| Repairs                   |  |
| Sales                     |  |
| Samples & Promotional     |  |
| Seminars & Trade Shows    |  |
| Service Charges           |  |
| Software                  |  |
| Storage Fees              |  |
| Supplies                  |  |
| Taxes                     |  |
| Tools                     |  |
| Utilities                 |  |
| Wages                     |  |
| Other _____               |  |
| Other _____               |  |
| Other _____               |  |
| Other _____               |  |
| Total                     |  |

## Vehicle & Travel

See Vehicle, Travel & Entertainment Worksheet

## Cost Of Goods

|                                |  |
|--------------------------------|--|
| Cost of Items for Personal Use |  |
| Cost of Labor                  |  |
| Inventory at Beginning of Year |  |
| Inventory at End of Year       |  |
| Materials and Supplies         |  |
| Outside Service                |  |
| Purchases                      |  |
| Other _____                    |  |
| Other _____                    |  |
| Total                          |  |

## Equipment

|             |  |
|-------------|--|
| Equipment   |  |
| Furniture   |  |
| Other _____ |  |
| Total       |  |

## Professional

|                      |  |
|----------------------|--|
| Insurance            |  |
| Legal & Professional |  |
| License              |  |
| Publications         |  |
| Other _____          |  |
| Other _____          |  |
| Total                |  |

## Telephone

|                |  |
|----------------|--|
| Cellular Phone |  |
| Long Distance  |  |
| Pay Phone      |  |
| Other _____    |  |
| Total          |  |

## Other Information

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