

CODE- 4 TAX SERVICES

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SMALL BUSINESS DEDUCTIONS WORKSHEET FOR TAX YEAR: _____

This form is intended to be used in conjunction with the General Information Worksheet. Please complete all information as thoroughly as possible. If sending supporting documentation, send photocopies only. Keep all receipts and documentation used to prepare this form in a safe location for 5-7 years. Please write legibly. Use separate sheet if needed.

NAME OF BUSINESS: _____ ID# _____

PRINCIPAL BUSINESS ACTIVITY: _____

BUSINESS ADDRESS (if different): _____

NEW BUSINESS ACTIVITY? Y N DISCONTINUED BUSINESS THIS YEAR?: Y N

INCOME

Income from sales or services _____
Less returns or allowances _____
Interest income _____
Other income _____

Did you make payments requiring 1099's? Y N
If yes, were required forms filed? Y N

Cost of Goods Sold: (for manufacturing business or those that carry inventory)

Purchases for resale _____
Cost of labor _____
Materials/supplies _____
Freight/transportation _____
Beginning Inventory (as of Jan. 1) _____
Ending Inventory (as of Dec. 31) _____

EXPENSES

Advertising _____
Promotional items/business gifts _____
Bank fees/financial charges _____
Interest paid (business) _____
Commissions/fees paid _____
Contract labor _____
Employee benefits _____
Insurance _____
Legal & professional services _____
DBA fees _____
Dues/memberships/associations _____
Publications/subscriptions _____
Taxes/licenses/permits _____
Office supplies _____
Equipment purchases _____
(list individual items & prices on back)
Computer/laptop/tablet purchase _____
Percentage business use _____ %
Computer accessories/equipment _____

Cell phone purchase _____
Percentage business use _____ %
Cell phone service _____
Internet service _____
Percentage business use _____ %
Web services/subscriptions/software _____
Postage/shipping _____
Repairs/maintenance _____
Rent - equipment/other _____
Rent - business property _____
Travel - hotel/air/taxi/rental car _____
Meals & entertainment for clients _____
Utilities _____
Education/Conferences _____
Open house expenses _____
Signs up/down _____
Self-employed health insurance _____
Wages/salaries paid _____
Payroll expenses _____
Other: _____

AUTO EXPENSES

If new vehicle, make/cost _____
Date purchased/placed in service _____
Total miles driven (business & non) _____
Total business miles driven _____
Gas/oil/repairs/wash/wax/etc. _____
Insurance _____

Home Office Expenses: See Home Office Worksheet

Code-4 Tax Services e-file & payment policy: Returns will be e-filed at no extra charge. E-files will not be submitted until signed acknowledgment & payment are received. Payment can be made by cash, check, Visa, Mastercard, Discover, American Express or Square Cash transfer. Mail-in Clients: a secure pay link will be sent to you if you prefer to pay by credit card.