



1050 Wall St West Ste 350
 Lyndhurst NJ 07071
 201-773-0777 Main
 877-825-2479 Fax
 accounting@taxbizpro.com

Business Expense Worksheet for tax year 2024

Name of the business X _____ EIN _____

Name of the legal representative/owner X _____ Last 4 of SS# _____

Indicate below your business structure (only for new clients)

- Self-employed
- Single Member LLC taxed as Sole-Proprietorship (Schedule C of form 1040)
- Single Member LLC taxed as Corporation (From 1120 or 1120S)
- Multi Member LLC taxed as Partnership (Form 1065)
- Multi Member LLC taxed as Corporation (Form 1120 or 1120S)
- Corporation (INC, Corp, Co, PC) (Form 1120 or 1120S)

Partnership (LLP, LP, GP) (Form 1065)

INCOME RECEIVED (IF NOT REPORTED ON 1099) \$

All expenses/deductions MUST have supporting documentation
 (receipts, check, bill, letter, etc) to support the deductions, don't submit any receipts to us.

Expenses	AMOUNT/YEAR
1 Advertising & Marketing	1 \$
2 Bank Fees	2 \$
3 Business Loan Payments (interest only)	3 \$
4 Business Insurance (Liability, E&O, General etc)	4 \$
5 Car (gas, oil change, repairs) - Is the car(s) registered on the business? YES <input type="checkbox"/> NO <input type="checkbox"/>	5 \$
6 Car Insurance	6 \$
7 Car Lease	7 \$
8 Cell Phone	8 \$
9 Charity Contributions	9 \$
10 Car purchase (indicate purchase date)	10 \$



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11 Equipment purchased (indicate purchase date)	11	\$
12 Furniture and Fixtures Purchased (indicate purchase date)	12	\$
13 Insurance Medical (self-employed and corp. only)	13	\$
14 Inventory Purchases	14	\$
15 Licenses and Permits	15	\$
16 Meals (with clients, business related)	16	\$
17 Office Cleaning and Maintenance	17	\$
18 Office Expenses (telephone, internet, etc)	18	\$
19 Office Rent	19	\$
20 Office Repair & Maintenance	20	\$
21 Office Supplies	21	\$
22 Outside Help/Temps	22	\$
23 Parking Exp	23	\$
24 Postage & Shipping	24	\$
25 Professional Education (seminars, books, classes etc)	25	\$
26 Professional Fees (Accountant/Attorney etc)	26	\$
27 Retirement Plan Contributions (SEP, SIMPLE IRA, 401K, etc)	27	\$
28 Salaries & Wages (provide copies of W2 and payroll forms)	28	\$
29 Local Transportation (Taxi, subway etc, must travel between clients, jobs or offices)	29	\$
30 Travel (airline, long range)	30	\$
31 Tolls	31	\$
32 Utilities	32	\$
33 Other Expenses - indicate what it is _____	33	\$



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For Auto Expenses

(update only if you changed the car from last year, or you are a new client)

Make/Model	_____	_____
Purchase Date	_____	\$ _____
Purchase Price/Cost	_____	\$ _____

Mileage Info

Total mileage driven this year	_____	_____
Business mileage driven this year (i.e. between business or customers)	_____	_____

)

Total square footage of the house	_____
Square footage of the office area used exclusively for business in the house	_____

Please list any additional info not listed above

Please sign X _____ Date _____