Business Expense Form

Business Name: _____ Business Income $_____ Year _____

Do you have employees or contractors? Yes ☐ No ☐ Do you have inventory? Yes ☐ No ☐

ADVERTISEMENT

Business Cards/Promotions/Flyers	$
Networking/Marketing Meetings	$
Website/Online Marketing	$

COMPANY FEES

Legal/Professional Fees	$
Commissions/Fees	$
Contract Labor	$
Taxe/Liscenses	$

EMPLOYMENT BENEFIT PROGRAM

Continuing Education/Seminars	$
Logo Apparel	$
Other	$

INSURANCE (Other Than Health)

Health Insurance	$
Health Savings Accounts	$
Liability/Workers Comp	$
Vehicle Insurance	$

INTEREST

Mortgage	$
Other	$

OFFICE

Furniture/Equipment	$
Rent/Lea	$
Other Business Property	$

TRAVEL

Hotels	$
Flights	$
Meals	$
Other Expenses	$

SUPPLIES

Computer Supplies/Software	$
Office Supplies/Office Tools	$
Other	$

VEHICLE

Gas	$
Repairs/Maintenance	$
Trolls/Parking	$
Mileage:Total Miles_____Business	_____

UTILITIES

Electric/Gas/Water	$
TV/Internet/Phone	$

I, (the above mentioned taxpayer/spouse), solemnly swear that the information that was forwarded to the tax preparer is true to the best of my knowledge. In no way am I attempting to file a fraudulent claim by providing the tax preparer with false documentation. I understand that I must have receipts and bank statements on file as proof of the above expenses in the case of an audit.

_____ _____

Signature: Date:

For more information please contact us anytime at (727)**799-1040** or visit us at www.**actionaccountingusa.com**