

BUSINESS PROFESSIONAL WORKSHEET

NAME	INCOME	TAX YEAR			
By completing this form, the client certifies that all financial information can be substantiated by documentation.					
* MANDATORY RESPONSE REQUIRED (See instructions on next page)		YES	NO		
Did you make any payments in this tax year that would require you to file Form(s) 1099-NEC?					
If "Yes", did you or will you file the required Form(s) 1099-NEC?					
Accounting/Bookkeeping Fees*		Postage			
Advertising/Marketing		Photocopying/Printing			
Advertising		Rent			
Cards/Holiday Mailings		Equipment			
Client Gifts (\$25 limit)		Commercial Building			
Customer/Mailing Lists		Repairs			
Online Marketing Services		Supplies			
Web Page/Domain		General Office Supplies			
Sponsorship		Business Cards			
Other: _____		Stationary			
Bank Charges (Business Only)		Materials			
Business Meals (with clients)		Other: _____			
Business Meals (with employees)		Taxes/Licenses			
Commissions (paid to others)*		Licenses			
Delivery/Shipping/Courier		LLC Fees/Taxes			
Dues/Subscriptions		Permits			
Professional Memberships		Other: _____			
Professional Publications		Telephone and Comm. Services	Total Cost		Business Cost
Software Subscriptions		Cell Phone/Data Service			
Other: _____		Internet (do not include phone/cable)			
Employee Benefit Plans		Fax Services			
Employee Benefits		Tools/Equipments (include dates)	Cost		Date
Benefit Plan Admin Fees		Camera			
Insurance		Cell Phone			
E&O/Liability Insurance		Computer			
Other: _____		Digital Tablet			
Interest (Business Loan/CC)		Office Furniture			
Legal and Professional Fees		Printer/Scanner			
Legal Fees		Software (non-subscription only)			
Tax Preparation Fees		Other: _____			
Office Expense		Uniforms			
Payroll Fees		Employee wages paid (provide payroll forms)			
Outside Services*		Continuing Education			
Clerical		Seminars/Conferences			
Photography		Other: _____			
Subcontract Labor		Other: _____			
Other: _____		Other: _____			

Requirement to Issue 1099-NECs to Service Providers

If you operate a business you may be required to issue 1099-NECs (formerly 1099-MISC) to individuals from whom you purchase services in connection with your business.

If you purchased services for your business and paid any one individual \$600 or more, **by cash or check**, you are required to issue the service provider a Form 1099-NEC and report this to the IRS. The exception is a provider who is operating as a Corporation. (An LLC, per se, is not a Corporation unless the entity has elected to operate as a Corporation).

Payments made with a credit card or debit card, and certain other types of payments, including third-party network transactions (PayPal Business) are not subject to the requirement for reporting on Form 1099-NEC.

In order to determine whether or not you must issue a 1099-NEC and/or to obtain the provider's tax ID number, you should request that the service provider complete Form W-9 (easily accessible on irs.gov). The provider completes the form by supplying their Name, Address, TAX ID number and the type of entity under which they are operating. You should do this before you engage them to provide services. If you are not sure how to interpret the W-9, after receipt, consult your tax advisor.

Please note that if a provider refuses to give you a completed W-9, but you still wish to purchase services from that provider, you are required, by law, to withhold 28% federal tax and remit that to the IRS.

Examples of "service providers" include Stagers, Bookkeepers, Clerical Support, Photographers, Sales Assistants, Sign Installers, etc. (Services you purchase through your Broker to whom you pay a fee in lieu of directly paying the service provider do not required you to issue 1099-NECs).

This requirement may also apply to rental property owners who are Qualified Real Estate Professionals. Please consult your tax advisor for further information.

Based on the explanations above, please address the Mandatory Response Questions at the bottom of the preceding worksheet.

VEHICLE AND TRAVEL EXPENSES

NAME		TAX YEAR	
VEHICLE EXPENSES		VEHICLE EXPENSES (Cont'd)	
Description of Auto		Interest (Auto Loan)	
Date Purchased (mm/dd/yy)		Warranty	
Purchase Price (Incl. Tax)		Inspection	
Date placed in Bus. Use (mm/dd/yy)		Parking/Tolls (Business only)	
Odometer -- End of Year		Car Washes	
Odometer -- Beginning of Year		Auto Club	
Total Miles this year		Other _____	
Business Miles		Other _____	
Personal Miles		Other _____	
		BUSINESS TRAVEL EXPENSES	
Is Car Leased? (Y/N)		Airfare/ Trainfare	
		Car rentals/Gas/Insurance	
EV Charges		Taxis, Bus, Shuttles	
Fuel		Lodging	
Repairs and Maintenance		Meals (while on over-night travel)	
Tires		Tips	
Towing		Telephone/Faxes	
Insurance		Dry Cleaning (out-of-town)	
Auto Tags Fees		Travel Agent Fees	
Personal Property Tax		Days (out of town on business)	
Lease Payments		Other _____	
Other _____		Other _____	
Other _____		Other _____	
Other Information			
Please be advised that completion of this form by the Taxpayer constitutes			
certification that the Taxpayer has a mileage log or other form of written evidence			
to substantiate the stated mileage information presented herein.			

VEHICLE AND TRAVEL EXPENSES

NAME		TAX YEAR	
VEHICLE EXPENSES		VEHICLE EXPENSES (Cont'd)	
Description of Auto		Interest (Auto Loan)	
Date Purchased (mm/dd/yy)		Warranty	
Purchase Price (Incl. Tax)		Inspection	
Date placed in Bus. Use (mm/dd/yy)		Parking/Tolls (Business only)	
Odometer -- End of Year		Car Washes	
Odometer -- Beginning of Year		Auto Club	
Total Miles this year		Other _____	
Business Miles		Other _____	
Personal Miles		Other _____	
		BUSINESS TRAVEL EXPENSES	
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Auto Tags Fees		Travel Agent Fees	
Personal Property Tax		Days (out of town on business)	
Lease Payments		Other _____	
Other _____		Other _____	
Other _____		Other _____	
Other Information			
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to substantiate the stated mileage information presented herein.			

Business Use of Home Office Expenses

NAME		TAX YEAR	
If <u>office</u> not used regularly and exclusively, you cannot claim this deduction			
	Amount	Remarks	
Office Used Exclusively for Business? (Y/N)		If "NO", please write N/A and return this worksheet.	
Total Living Area in Home (square feet)			
Area Used for Business (square feet)			
1st Mortgage Interest			
2nd Mortgage Interest			
Equity Line Interest		See Note 1 Below	
Real Estate Taxes			
Home Owners or Renter's Insurance			
General Repairs (plumber, electrician, etc.)		See Note 2 Below	
Repairs to office area		See Note 2 Below	
Cleaning -- No Lawn/Snow Removal Serv.		See Note 3 Below	
Condo Fees/HOA Dues			
Rent Paid (If Renting)			
Utilities (Gas, Oil, Electric, Water)			
Trash Collection Fees			
Security System Monitoring Fees			
Pest Control			
Other Expenses (specify)			
Purchase Price of Home*			
Value of Land at Time of Purchase			
Date of Purchase (mm/dd/yy)			
Improvements (Additions, Renovation)		See Note 4 below	
Date Placed in Service (mm/dd/yy)			
* Please provide copy of Settlement Statements or Closing Disclosures for purchase and any refinancing.			
NOTES:			
1. Enter interest paid in tax year. Provide principal amount of original loan and the loan amount used for home improvement.			
2. Provide description, amount, date of repairs. We cannot use this expense w/o the details.			
3. Payment must be made to Cleaning Service or Household Employee.			
4. Provide description, amount, date of improvements. We cannot use this expense w/o the details.			
By completing this form, the client certifies that the entries can be substantiated by documentation			
Details (use extra sheet if necessary):	Date	Cost	Remarks