



1050 Wall St West Ste 350
 Lyndhurst NJ 07071
 201-773-0777 Main
 877-825-2479 Fax
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Business Expense Worksheet for tax year 2021

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 <input type="checkbox"/> YES <input type="checkbox"/> NO	5	\$
6 Car Insurance	6	\$
7 Car Lease	7	\$
8 Cell Phone	8	\$
9 Charity Contributions	9	\$
10 Entertainment Exp. NOT DEDUCTIBLE	10	\$
11 Equipment purchased (indicate purchase date)	11	\$



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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	\$

For Auto Expenses

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

Make/Model _____

Purchase Date _____

_____ \$ _____



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Purchase Price/Cost _____ \$ _____

Mileage Info

Total mileage driven this year _____

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

client)

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 _____