



## 2021 Tax Organizer Supplement: Business Income and Expense

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*Complete a separate form for each business*

<b>Name of Business</b>	
<b>Business belongs to</b>	
<b>EIN, if different than SSN</b>	

<b>For this Business, did you:</b>	<b>Yes</b>	<b>No</b>	<b>If yes, provide</b>
Purchase any new equipment, furniture, vehicles for this business?	<input type="checkbox"/>	<input type="checkbox"/>	List of assets purchased, including description, date purchased, purchase price
Dispose of any assets?	<input type="checkbox"/>	<input type="checkbox"/>	List of assets sold/disposed, including the date sold and any proceeds received
Make any payments that would require it to file Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, did the business file or will it file all required Form(s) 1099?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any automobile expenses related to this business?	<input type="checkbox"/>	<input type="checkbox"/>	See supplement below
Have a home office related to this business?	<input type="checkbox"/>	<input type="checkbox"/>	See supplement below

### ***Income and Expense Items***

#### **Provide all Forms 1099-NEC, 1099-K, or 1099-MISC**

Complete the information below, or provide a QuickBooks, Quicken, or Excel file of the business activity.

#### ***Business Income:***

Gross Sales & Receipts	
Returns & Allowances	
Other Income	

#### ***Cost of Goods Sold***

Beginning Inventory	
Purchases	
Cost of Labor	
Other Costs	
Ending Inventory	



***Business Expenses***

<b>Expense Item</b>	<b>Amount \$</b>	<b>Expense Item</b>	<b>Amount \$</b>
Advertising		Rent – Personal property	
Commissions & Fees		Rent – Real Estate	
Contract Labor		Repairs & Maintenance	
Employee Benefit Programs		Supplies	
Insurance (other than health)		Taxes & Licenses	
Interest - Mortgage		Travel	
Interest - Other		Meals & Entertainment	
Legal & Professional Services		Utilities	
Office Expense		Wages	
Pension & Profit Sharing plans		Other Expenses (provide detail below)	

***Other Expenses Detail***

<b>Expense Item</b>	<b>Amount \$</b>	<b>Expense Item</b>	<b>Amount \$</b>

***Home Office Expenses related to this business***

Square footage of home used exclusively for business	
Total Square footage of home	

<b>Expense Item</b>	<b>Expenses exclusively related to office \$</b>	<b>Expenses that pertain to the entire dwelling \$</b>
Mortgage Interest		
Real Estate Taxes		
Excess Mortgage Interest		
Insurance		
Rent		
Repairs & Maintenance		
Utilities		
Condo/HOA Dues		
Other Expenses		



***Vehicle Expenses related to this Business***

	<b><i>Vehicle #1</i></b>	<b><i>Vehicle #2</i></b>
Description of Vehicle		
Date Placed in Service		
Total Mileage		
Business Mileage		
Commuting Mileage		

Was this vehicle available for personal use during off-duty hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you or your spouse have another vehicle available for your personal use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have evidence to support your deduction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, is the evidence written?	Yes <input type="checkbox"/>	No <input type="checkbox"/>