

BUSINESS PROFESSIONALS DEDUCTIONS

Client: _____ ID# _____ Tax Year _____

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

| Miscellaneous | |
|-------------------|--|
| Business Cards | |
| Clerical | |
| Computer Supplies | |
| Customer Lists | |
| Gifts | |
| Office Supplies | |
| Postage | |
| Photocopying | |
| Printing | |
| Repairs | |
| Shipping | |
| Stationery | |
| Other _____ | |
| Other _____ | |
| Total | |

| Professional | |
|----------------------|--|
| Dues | |
| E & O Insurance | |
| Legal & Professional | |
| Licenses | |
| Memberships | |
| Publications | |
| Seminars | |
| Continuing Ed | |
| Resumes | |
| Other _____ | |
| Other _____ | |
| Total | |

| Telephone | |
|-------------------|--|
| Long Distance | |
| Faxes | |
| Pay phone | |
| Cellular | |
| 2nd Line | |
| Beeper/Pager | |
| Answering Service | |
| Other _____ | |
| Other _____ | |
| Total | |

| Equipment | |
|----------------|--|
| Attache Case | |
| Calculator | |
| Camera | |
| Desk | |
| Chair | |
| Filing Cabinet | |
| Cell Phone | |
| Software | |
| Tape Recorder | |
| Telephone | |
| Other _____ | |
| Other _____ | |
| Total | |

| Vehicle & Travel |
|-----------------------------------------------|
| See Vehicle, Travel & Entertainment Worksheet |

| Other Information |
|-------------------|
| |
| |
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04-02-2011

VEHICLE, TRAVEL & ENTERTAINMENT EXPENSE

Client: _____

ID# _____

Tax Year _____

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

| Vehicle Expense | |
|-----------------------------------------------|-----------------------|
| Description of vehicle | |
| Date placed in service | |
| Odometer reading beginning of year | |
| Odometer reading end of year | |
| Total miles | |
| Business miles | |
| Commute miles | |
| Daily average round-trip commute | |
| Personal miles | |
| Is car leased? | Yes _____ No _____ |
| Is car owned (or financed) | Yes _____ No _____ |
| Was this vehicle depreciated in a prior year? | Yes _____ No _____ |
| Gas, lube, oil | |
| Repairs & Maintenance | |
| Tires | |
| Towing | |

| Vehicle Expense | |
|-----------------------|--|
| Insurance | |
| Auto license/reg | |
| Personal property tax | |
| Lease payments | |
| Interest | |
| Auto club | |
| Warranty | |
| Smog Certificate | |
| Other _____ | |
| Other _____ | |
| Total | |

| Travel & Entertainment Expense | |
|--------------------------------|--|
| Airfare, train | |
| Car rental & gas | |
| Parking, tolls | |
| Taxi, bus, shuttles | |
| Lodging | |
| Meals | |
| Entertainment | |
| Tips | |
| Telephone | |
| Dry Cleaning | |
| Number of days out of town | |
| Other _____ | |
| Other _____ | |
| Total | |

| Other Information |
|-------------------|
| |
| |
| |
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| |
| |

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