

BREITHORNBUSINESS.COM

**Business Expense List**

Company Name \_\_\_\_\_  
 Your Name \_\_\_\_\_

Tax Year \_\_\_\_\_

**I Expenses**

Amount

1	Office rent.....	1	
2	Repairs (equipment).....	2	
3	Advertising .....	3	
4	Accounting .....	4	
5	Bank and credit card fees .....	5	
6	Dues .....	6	
7	Equipment rent .....	7	
8	Business gifts.....	8	
9	Insurance (workers compensation, liability, etc.).....	9	
10	Laundry .....	10	
11	Legal and professional consulting .....	11	
12	Meals and entertainment.....	12	
13	Office expenses .....	13	
14	Supplies.....	14	
15	Parking and tollways.....	15	
16	Licenses and permits... ..	16	
17	Postage and delivery .....	17	
18	Security systems .....	18	
19	Telephone .....	19	
20	Small tools .....	20	
21	Travel expenses .....	21	
22	Uniforms.....	22	
23	Utilities.....	23	
24	Materials .....	24	
25	Outside services/subcontractors .....	25	
26	Officers compensation/salaries & wages.....	26	
27	Payroll taxes.....	27	
28	Contributions/loans made by owners/shareholders.....	28	
29	Distributions / withdrawals of money by owners /shareholders .....	29	

**II Other Expenses (specify)**

a	State tax paid by the corporation in prior year.....	a	
b	Corporate Annual Report fee paid to the Secretary of State.....	b	
c	.....	c	
d	.....	d	
e	.....	e	

Signature \_\_\_\_\_

Date \_\_\_\_\_

### III Automobile Expenses

a If you deduct actual expenses specify:

• fuel.....	•	
• repairs & maintenance.....	•	
• registrations.....	•	
• car wash.....	•	
• insurance.....	•	
• loan interest (only interest paid, not entire payment).....	•	

b If you deduct miles specify:

• odometer reading as of January 1st.....	•	
• odometer reading as of December 31st.....	•	
• total miles driven.....	•	
• business miles during this period.....	•	
• is the vehicle purchased [ ] or leased [ ] .....	•	

### IV Additional Expense List For Transportation Businesses

1	Truck insurance.....	1	
2	DOT inspections.....	2	
3	Heavy Vehicle Highway Use Tax.....	3	
4	IFTA.....	4	
5	Loan interest (truck & trailer)/ interest only, not entire payments.....	5	
6	Transportation registrations & plates.....	6	
7	Scales.....	7	
8	Truck wash.....	8	
9	Lumper service.....	9	
10	Medical examination (occupational).....	10	
11	Meals-per diem rate allowances.....		
	a. Full days (calculate days) .....	a	
	b. Partial days (calculate partial days; for example departure or arrival).....	b	

### V Additional Information

1 List of Assets: (equipment, tools cost \$500 or more)

<u>Description</u>	<u>Date of purchase</u>	<u>Amount</u>
a .....	.....	a
b .....	.....	b
c .....	.....	c
d .....	.....	d
e .....	.....	e

List any vehicle and/or equipment loans used in business\*

\*To get information listed below contact your bank (amount should be as of December 31st)

<u>Asset/vehicle name</u>	<u>Interest paid</u>	<u>Principal balance</u>
a .....	.....	.....
b .....	.....	.....
c .....	.....	.....
d .....	.....	.....

Signature \_\_\_\_\_ Date \_\_\_\_\_