

Pamela Price EA Inc.

Pamela Price EA & Associates
Enrolled to practice before the Internal Revenue Service

2024 SERVICE BUSINESS

INCOME

- **GROSS RECEIPTS** _____

DEDUCTIONS

- **TAX PREPARATION** _____

AUTO EXPENSE: Please sure to give us your odometer reading.

	Year, Make, Model	Date Acqrd	Odometer Reading	Date Taken
Vehicle #1:	_____	_____	_____	_____
Vehicle #2:	_____	_____	_____	_____

	Vehicle #1	Vehicle#2
Total miles driven	_____	_____
Total miles for business	_____	_____
Gas, oil and lubrication	_____	_____
Repairs	_____	_____
Tires/batteries/supplies	_____	_____
Insurance	_____	_____
Lease cost	_____	_____
Wash and wax	_____	_____
Auto club	_____	_____
Loan interest (Schedule "C")	_____	_____
License (DMV Renewal)	_____	_____
Sales tax (if you purchased a car)	_____	_____
Parking	_____	_____

***NOTE:** Two vehicles are listed when a replacement is purchased in the course of the year or when two cars are used concurrently for this business activity. **Please upload purchase or lease papers on newly acquired vehicles.**

TRAVEL: List city and number of days per city: _____

Air Fares	_____	Cost of Lodging	_____
Meals	_____	Tips & Baggage	_____
Laundry & Cleaning	_____	Telephone	_____
Local Transportation	_____	Other	_____
<small>(Taxis, subways, car rental, cost to and from airports)</small>			

- **ENTERTAINMENT (Business meetings ONLY!)** _____
- **ACCOUNTING** _____
- **ADVERTISING** _____
- **ANSWERING SERVICE / VOICEMAIL** _____
- **BANK CHARGES** (Only if you have a business account) _____
- **BUSINESS GIFTS** (Limited to \$25 per gift, per person) _____
- **CELLULAR PHONE** _____

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2024 SERVICE BUSINESS - Page 2

- **COMMISSIONS** _____
- **DELIVERY** _____
- **DUES AND PUBLICATIONS** _____
- **EQUIPMENT RENTAL** _____
- **INSURANCE** _____
- **INTERNET** _____
- **JANITORIAL SERVICES** _____
- **LAUNDRY AND CLEANING** _____
- **LEGAL AND PROFESSIONAL FEES** _____
- **LICENSES AND PERMITS** _____
- **MAINTENANCE** _____
- **OFFICE SUPPLIES** _____
- **OFFICE IN HOME:**
- We need: Total Sq Ftg: _____ Office Sq Ftg: _____
- Homeowners
- Mortgage Int: _____ Property Tax: _____
- Renters
- Rent: _____
- BOTH
- Utilities: _____ Insurance: _____
- **ONLINE SERVICES (NO streaming services)** _____
- **OUTSIDE SERVICES** (Fees you paid to others) _____
- **PENSION AND PROFIT SHARING PLANS** (Not IRAs) _____
- **POSTAGE** _____
- **PRINTING** _____
- **RENT ON BUSINESS PROPERTY** _____
- **REPAIRS TO EQUIPMENT OTHER THAN CAR** _____
- **SALARIES AND WAGES** _____
- **SUPPLIES** _____
- **TAXES** (This could be business, property, payroll, or sales. List type & amount) _____
- **TELEPHONE** (Home) _____
- **TOOLS** _____
- **TRAINING** _____
- **UNIFORMS** _____
- **BUSINESS EQUIPMENT:** (Equipment such as TVs, stereos, etc. which have both a personal and a business use are more difficult unless you have kept a LOG of the business use.) _____

TYPE OF EQUIPMENT	PURCHASE DATE	COST
_____	_____	_____
_____	_____	_____
_____	_____	_____

Others you don't see a place for, questions, and notes:
