

# BUSINESS EXPENSE FORM

Business Name \_\_\_\_\_ Business Income \$ \_\_\_\_\_ Year \_\_\_\_\_

Do you have employees or contractors? Yes No Do you have inventory? Yes No

## ADVERTISEMENT

Business Cards/Promotions/Flyers \$	\$
Networking/Marketing Meetings \$	\$
Website/Online Marketing \$	\$

## COMPANY FEES

Legal/Professional Fees	\$
Commissions/Fees	\$
Contract Labor	\$
Taxes/Licenses	\$

## EMPLOYMENT BENEFIT PROGRAM

Continuing Education/Seminars	\$
Logo Apparel	\$
Other	\$

## INSURANCE (Other Than Health)

Health Insurance	\$
Health Savings Accounts	\$
Liability/Workers Comp	\$
Vehicle Insurance	\$

## INTEREST

Mortgage	\$
Other	\$

## OFFICE

Furniture/Equipment \$	\$
Rent/Lease \$	\$
Other Business Property \$	\$

## TRAVEL/ENTERTAINMENT

Flights	\$
Hotels	\$
Meals and Entertainment	\$
Other Expenses	\$

## SUPPLIES

Computer Supplies/Software	\$
Office Supplies/Office Tools	\$
Other	\$

## VEHICLE

Gas	\$
Repairs/Maintenance	\$
Tolls/Parking	\$
Mileage: Total Miles _____ Business _____	

## UTILITIES

Electric/Gas/Water	\$
TV/Internet/Phone	\$

By completing this form, you acknowledge and affirm the information provided by you is complete and accurate to the best of your knowledge. You also affirm you are in no way attempting to file a fraudulent claim by providing the tax preparer with false or intentionally omitted information and documentation. You must have and retain appropriate documentation in case of an audit.

## Tax Hive

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