Name of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owners Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Industry: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Incorporated: \_\_\_\_\_\_\_\_\_\_\_

Type of Entity:

\_\_\_ Schedule C (Sole Proprietor) \_\_\_ LLC – Single Member \_\_\_ LLC – Multi Member \_\_\_ S-Corp \_\_\_ C-Corp

Did you have employees last year? **Y\_\_\_** Provide payroll reports if E-File did not do your payroll.

Did you send 1099s to the required independent contractors? **Y\_\_\_** Provide copies of the 1099s if E-File did not do them for you.

**N\_\_\_** I should have sent 1099s but I did not

**N\_\_\_** I was not required to send 1099s

Did you trade your services for another service (bartering)? **Y\_\_\_** If **YES**,provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your home used for business purposes? **Y\_\_\_ \_\_\_ I own my home** (Need 1098) **\_\_\_ I rent my home**

How many months was your home used for business last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the total sq. footage of your home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What is the total sq. footage used **exclusively** for business? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provide ANNUAL totals for the following:

Rent: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gas/Electric: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Water: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Garbage: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cleaning: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOA Dues: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gardening: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ General Repairs: $ \_\_\_\_\_\_\_\_\_\_\_\_ Repairs/Maintenance (done only to business area): $ \_\_\_\_\_\_\_

Did you use your vehicle for business purposes? \***NOTE:** If you do not have a home office, any miles driven from home to work are ***personal*** miles! **Y\_\_\_ N\_\_\_**

If **YES**, provide ANNUAL totals for the following:

Total personal miles: \_\_\_\_\_\_\_\_\_\_\_ Total business miles: \_\_\_\_\_\_\_\_\_\_\_ Yr/Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Price: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date first used for business:\_\_\_\_\_ Cost of Fuel/Gas: $\_\_\_\_\_\_\_\_\_\_\_\_ Annual cost of Ins.: $\_\_\_\_\_\_\_\_\_\_\_ Cost of Repairs: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost of Registration: $\_\_\_\_\_\_\_\_\_\_

Was the vehicle available for personal use during non-business hours? **Y\_\_\_ N\_\_\_**

Do you have another vehicle available for personal use? **Y\_\_\_ N\_\_\_**

Do you have written documentation to support these expenses (receipts/mileage log)? **Y\_\_\_ N\_\_\_**

***\*IF YOU USED MORE THAN ONE VECHILE FOR BUSINESS, PLEASE ANSWER THE ABOVE QUESTIONS FOR THAT VECHILE/S ON THE LAST PAGE\****

Did you receive income through a merchant account? **Y\_\_\_** (Need 1099-K)

If E-File ***did not*** do your Bookkeeping, can you provide a Profit & Loss Statement? **Y\_\_\_** (Provide a copy)

**N\_\_\_** If **NO**, you will need to fill in the following amounts:

**Total Income**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Accounting Services: $\_\_\_\_\_\_\_\_. Advertising/Marketing: $\_\_\_\_\_\_\_. Bank Service Fees: $\_\_\_\_\_\_\_\_\_\_\_. Business Gifts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Business License: $\_\_\_\_\_\_\_\_\_\_\_\_\_. Charitable Donations: $\_\_\_\_\_\_\_. Continuing Education: $\_\_\_\_\_\_\_. Contracted Services/Labor: $\_\_\_\_\_\_\_\_\_\_\_\_\_ *Did you Issue 1099s for services $600 or more to an individual/s?* **Y\_\_\_** (Need **ALL** 1099-MISCs). Corp/LLC Renewal: $ \_\_\_\_\_\_\_\_\_\_ Cost of 2017 Tax Prep: $\_\_\_\_\_\_\_\_ Credit Report Fees: $\_\_\_\_\_\_\_\_\_\_\_ Day Labor: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delivery/Freight: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Dues/Subscriptions: $ \_\_\_\_\_\_\_\_\_\_ Employee Benefits: $ \_\_\_\_\_\_\_\_\_\_ Entertainment: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment Rental: $ \_\_\_\_\_\_\_\_\_\_\_ Incentives/Awards: $ \_\_\_\_\_\_\_\_\_\_ Liability Insurance: $ \_\_\_\_\_\_\_\_\_\_\_ Workers Comp: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Malpractice Ins: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Disability Ins: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Medical Ins: $ \_\_\_\_\_\_\_ Owners Medical Ins: $ \_\_\_\_\_\_\_\_\_ Interest (credit card): $ \_\_\_\_\_\_\_\_ Internet: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Janitorial Services: $ \_\_\_\_\_\_\_\_\_\_\_ Job Materials: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Laundry/Dry Cleaning: $ \_\_\_\_\_\_\_ Legal/Professional fees: $ \_\_\_\_\_\_ Meals: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Merchant Fees: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Expenses: $ \_\_\_\_\_\_\_\_\_\_\_\_\_ Outside Services: $ \_\_\_\_\_\_\_\_\_\_\_\_ Parking/tolls: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll - Officer GROSS Wages: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll - Employee GROSS Wages: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Taxes – Employer: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pension/Profit Sharing: $\_\_\_\_\_\_\_\_ Product Purchases: $ \_\_\_\_\_\_\_\_\_\_ Postage/Shipping: $ \_\_\_\_\_\_\_\_\_\_\_ Printing: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rent for Office: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repairs: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sales/Presentations: $ \_\_\_\_\_\_\_\_\_ Security: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Small Tools: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Storage: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supplies: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone/Cell: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel (Airfare/Lodging): $ \_\_\_\_\_ Uniforms: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Utilities: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_

Did you purchase any equipment or tools costing $200 or more? **Y\_\_\_ N\_\_\_**

If **YES**, please list each item and cost:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_

***\*ADDITIONAL WORK VEHICLE INFORMATION:***

Did you use your vehicle for business purposes? \***NOTE:** If you do not have a home office, any miles driven from home to work are ***personal*** miles! **Y\_\_\_ N\_\_\_**

If **YES**, provide ANNUAL totals for the following:

Total personal miles: \_\_\_\_\_\_\_\_\_\_\_ Total business miles: \_\_\_\_\_\_\_\_\_\_\_ Yr/Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Price: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Purchase Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date first used for business:\_\_\_\_\_ Cost of Fuel/Gas: $\_\_\_\_\_\_\_\_\_\_\_\_ Annual cost of Ins.: $\_\_\_\_\_\_\_\_\_\_\_ Cost of Repairs: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cost of Registration: $\_\_\_\_\_\_\_\_\_\_

Was the vehicle available for personal use during non-business hours? **Y\_\_\_ N\_\_\_**

Do you have another vehicle available for personal use? **Y\_\_\_ N\_\_\_**

Do you have written documentation to support these expenses (receipts/mileage log)? **Y\_\_\_ N\_\_\_**

Do you have any questions or additional information you feel we should see or know? **Please respond below:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***NOTE:** 1099s need to be given/mailed to any person/company ***(not an LLC or Corp)*** you paid $600 or more to in 2018 by ***January 31, 2019.***

My signature below confirms all information supplied on this worksheet is correct & accurate for the use of **E-File Tax Services of Nevada, Inc** to use for my 2018 tax preparation. I am aware that I must have proof of all expenses in the event proof is required and I hold myself accountable for all numbers supplied to **E-File Tax Services of Nevada, Inc**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature