TAX YEAR _____ NAME_____

ADVERTISING		CELL PHONE	
COMMISSIONS/FEES		CLOTHING EXPENSE	
WORKERS COMP		BANK FEES	
CAR INSURANCE		TOOLS	
INSURANCE (NOT HEALTH)		INTERNET	
LEGAL OR PROFESSIONAL FEES		GAS FOR EQUIPMENT	
BUSINESS OFFICE RENT		SUBSCRIPTIONS	
STORAGE RENTAL		TRASH	
EQUIPMENT RENTALS		POSTAGE	
EQUIPMENT REPAIR		SECURITY	
SUPPLIES/MATERIALS		YEAR/MAKE/MODEL	
CAR TAGS		MILEAGE	
LICENSES		TOLL	
TRAVEL		PARKING	
LODGING			
ENTERTAINMENT			
MEALS 50%			
MEALS 100%			

1099 EMPLOYEES

NAME	SS#	ADDRESS	AMOUNT

THE IMFORMATION ON THIS FORM WAS GIVEN TO MY TAX PREPARER BY ME BASED ON MY RECORDS FOR THE ABOVE TAX YEAR.

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TAXPAYERS SIGNATURE DATE