



Above and Beyond Tax Service Tax Year _____

Client Name _____ SSN _____

EMPLOYEE EXPENSES

		<u>Other</u>		
Internet	\$			NOTES
Cell Phone (Business Use Only)	\$		\$	
Office Supplies	\$		\$	
Other Supplies/Tools	\$		\$	
Air Fare	\$		\$	
Hotel	\$		\$	
	\$		\$	
Meals & Entertainment	\$		\$	
Parking/Tolls	\$		\$	
Uniforms	\$		\$	
Dues/Licenses	\$		\$	
Continuing Education	\$			
Date Placed in Service				
Business Mileage				
Commuting Mileage				
Total Miles				
Car - Actual Expenses	\$			
Home Office				

FORM 8829

Square footage of office space				
Square footage of total home:				
	<u>Direct</u>	<u>Indirect</u>		
Mortgage Interest	\$	\$		
Real Estate Taxes	\$	\$		
Insurance	\$	\$		
Rent	\$	\$		
Repairs and Maintenance to Home	\$	\$		
Repairs and Maintenance to Office Space	\$	\$		
Association Fees	\$	\$		
Security Systems	\$	\$		
Decorating	\$	\$		
<u>Utilities:</u>				
Water	\$	\$		
Gas	\$	\$		
Electric	\$	\$		
Sanitation	\$	\$		
Other	\$	\$		
Other	\$	\$		
Total Cost of Home	\$			

By my signature below, I acknowledge the information listed above is true and correct.

Client Signature _____

Date _____