Small Business Workshe	et									
Name of Business:				Type/Nature of Business:						
Taxpayer Name:			EIN:							
Date operations began: / /			Date your business closed (if applicable):							
Gross Income (provide any 1099's)	9	\$			and Refunds					
Cost of Inventory at Beginning of Year	9	\$ Cos		st of Inventory Purchased				\$	\$	
Cost of Inventory Withdrawn for Personal Use	Cost of Inventory Withdrawn for Personal Use \$		Cost of Inventory at End of Year					\$		
Advertising	\$			Taxes & Licenses						
Contract Labor	ct Labor \$		Travel (airfare, lodging, tolls, parking, etc.)					\$		
Insurance (other than health)	5	\$ M		Meals						
Interest-Mortgage (Commercial building)	9			Jtilities (other than home)						
Interest-Other	9			es Paid (W-2 employees)				\$	\$	
Legal & Professional Services				oloyee and/or Owner Health Insurance Premiums Paid				\$		
Office Supplies			Dues & Publications					\$		
Rent or Lease (other than home) \$			Telephone					\$		
Repairs & Maintenance (other than home) \$			Internet					\$		
Supplies	5	\$	Other:					\$		
Vehicle Expense								Yes		
Type & Year of Vehicle:				Is this evidence written?					No	
Date First Used for Business: / /				Number of Miles Driven for Business						
Do you have another car for personal use? Yes or No				Number of Miles Driven for Personal						
Do you have evidence to support the deduction? Yes or No				Number of Miles Driven for Commuting						
Home Office										
Square Footage of Home				of Utilities Except Water per Month				\$		
Square Footage of Space/Room Used				ount of Rent Paid per Month				\$		
	· ·			ance – Homeowners/Renters				\$		
				Other - Specify						
Equipment or Other Major Purchase	es in	2024		Date F	urchased	Placed in Se	rvice	С	ost	
				/	/	/ /		\$		
				/	/	/ /		\$		
					1	1 1		\$		
						1 1		\$		
					1	1 1		\$		
					/	/ /		\$		
					/	/ /		\$		
						/ /		\$		
* Please attach a list of all property sold o	or re	tired in 2024	!		,	, ,		ΙΨ		
First-Year Startup & Organizational	Exp	enses Paid								
Payee		Date Paid		Purpose			Cost			
		/	/				\$			
		/	/				\$			
1		/ \$								
,			/	\$						
Comments and Other Expenses No	t Inc	luded Abov	ve:				1			