

2015 Tax Organizer Expenses Related to Business

Auto Expense

Name of business vehicle is used for _____

Description of vehicle _____ Date vehicle was placed in service _____

- | | |
|--|--|
| <input type="checkbox"/> Another vehicle is available for personal use | <input type="checkbox"/> There is evidence to support your deduction |
| <input type="checkbox"/> This vehicle is available for use during off-duty hours | <input type="checkbox"/> The evidence is written |

Number of miles the vehicle was driven during 2015
 Business _____ Commuting _____ Total _____

Garage rent	_____	Property tax	_____
Gas	_____	Repairs	_____
Insurance	_____	Tires	_____
Licenses	_____	Tolls	_____
Oil	_____	Other expenses	_____
Parking fees	_____		_____
Lease payments	_____		_____
Interest	_____		_____

Business Use of Home

Name of business home is used for _____

What is the total square footage of your home that was used regularly and exclusively for business _____

What is the total square footage of your home _____

For daycare facilities, not used exclusively for business, complete the following questions

How many days during the year was the area used _____ How many hours per day was the area used _____

- The daycare facility was in operation for the entire year

Expenses

Office expenses

Home expenses

Mortgage interest	_____	_____	In the "Office expenses" column, enter those expenses that pertain exclusively to your office; in the "Home expenses" column, enter those expenses that pertain to the entire dwelling.
Real estate taxes	_____	_____	
Excess mortgage interest	_____	_____	
Insurance	_____	_____	
Rent	_____	_____	
Repairs & maintenance	_____	_____	
Utilities	_____	_____	
Other expenses	_____	_____	

Employee Business Expense Not Reimbursed by Your Employer

Rural mail carrier expenses _____ Other business expenses _____

Parking fees, tolls, local transportation _____ _____

Meals & entertainment _____ _____

Overnight business travel expenses
(Do not include meals & entertainment) _____ _____

- You used your personal vehicle in your job during 2015
- | | |
|--|--|
| <input type="checkbox"/> You are a reservist | <input type="checkbox"/> You are a fee-based state or local government official |
| <input type="checkbox"/> You are a qualified performing artist | <input type="checkbox"/> You are a disabled employee with impairment-related work expenses |
| <input type="checkbox"/> You are a member of the clergy | |