

## Commission-Based Sales Tax Preparation Expense Summary

**Tax Year:** \_\_\_\_\_

### Client Information

**Business Name (if applicable):** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

#### Business Structure:

- Sole Proprietorship
- Single-Member LLC
- Partnership
- S Corporation
- C Corporation

**Employer Identification Number (EIN) (if applicable):** \_\_\_\_\_

#### Primary Income Type:

- 1099 Independent Contractor
- W-2 Employee
- Both W-2 & 1099

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### Income

**Gross Commission Income:** \$ \_\_\_\_\_

**Other Business Income:** \$ \_\_\_\_\_

Please attach copies of:

- Forms 1099-NEC
- Forms 1099-K (if applicable)
- Forms 1099-MISC
- W-2(s) (if applicable)
- Commission Statements

- Year-End Sales Reports
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## Business Expenses

### Advertising & Marketing

Business cards, brochures, promotional items, online advertising

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

### Office Supplies

Paper, printer ink, postage, office supplies

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

### Computer & Office Equipment

Computers, monitors, printers, tablets, accessories

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

### Software & Business Subscriptions

CRM software, sales software, Microsoft 365, cloud storage

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

### Cell Phone (Business Portion)

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

### Internet (Business Portion)

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

### Office Rent / Coworking Space

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

### Home Office Expenses (if applicable)

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

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## Vehicle & Travel Expenses

**Business Miles Driven:** \_\_\_\_\_ Miles

If using actual vehicle expenses:

Gas: \$ \_\_\_\_\_

Repairs & Maintenance: \$ \_\_\_\_\_

Oil Changes: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Registration & Tags: \$ \_\_\_\_\_

Lease Payments: \$ \_\_\_\_\_

Parking & Tolls: \$ \_\_\_\_\_

Car Washes/Detailing: \$ \_\_\_\_\_

Business Travel (Airfare): \$ \_\_\_\_\_

Hotels & Lodging: \$ \_\_\_\_\_

Rental Cars: \$ \_\_\_\_\_

Taxi/Rideshare: \$ \_\_\_\_\_

Meals While Traveling: \$ \_\_\_\_\_

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## Client & Sales Development

Client Meals: \$ \_\_\_\_\_

Client Appreciation Gifts: \$ \_\_\_\_\_

Trade Shows & Conferences: \$ \_\_\_\_\_

Networking Events: \$ \_\_\_\_\_

Sales Meetings: \$ \_\_\_\_\_

Referral Fees Paid: \$ \_\_\_\_\_

Customer Samples: \$ \_\_\_\_\_

Product Demonstrations: \$ \_\_\_\_\_

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## Professional Expenses

Licensing Fees: \$ \_\_\_\_\_

Professional Memberships: \$ \_\_\_\_\_

Continuing Education & Training: \$ \_\_\_\_\_

Sales Coaching & Consulting: \$ \_\_\_\_\_

Books & Industry Publications: \$ \_\_\_\_\_

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## Communication Expenses

Telephone: \$ \_\_\_\_\_

Internet: \$ \_\_\_\_\_

Video Conferencing Services: \$ \_\_\_\_\_

Postage & Shipping: \$ \_\_\_\_\_

Mailing Supplies: \$ \_\_\_\_\_

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## Banking & Financial Expenses

Merchant Processing Fees: \$ \_\_\_\_\_

Bank Charges: \$ \_\_\_\_\_

Business Loan Interest: \$ \_\_\_\_\_

Accounting & Bookkeeping Fees: \$ \_\_\_\_\_

Tax Preparation Fees: \$ \_\_\_\_\_

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## Insurance

General Liability Insurance: \$ \_\_\_\_\_

Business Insurance: \$ \_\_\_\_\_

Errors & Omissions Insurance: \$ \_\_\_\_\_

Other Business Insurance: \$ \_\_\_\_\_

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## Contract Labor

Virtual Assistant: \$ \_\_\_\_\_

Administrative Support: \$ \_\_\_\_\_

Marketing Contractors: \$ \_\_\_\_\_

Other Independent Contractors: \$ \_\_\_\_\_

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## Inventory & Supplies (if applicable)

Inventory Purchased: \$ \_\_\_\_\_

Shipping Supplies: \$ \_\_\_\_\_

Packaging Materials: \$ \_\_\_\_\_

Sales Samples: \$ \_\_\_\_\_

Uniforms/Branded Apparel: \$ \_\_\_\_\_

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## Assets Purchased During the Year

Please list any equipment or business assets purchased during the year.

**Description Date Purchased Cost**

Examples:

- Laptop
  - Cell Phone
  - Tablet
  - Office Furniture
  - Printer
  - Display Equipment
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## Home Office (If Applicable)

Total Home Square Footage: \_\_\_\_\_

Office Square Footage: \_\_\_\_\_

Mortgage Interest or Rent: \$ \_\_\_\_\_

Property Taxes: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Homeowners/Renters Insurance: \$ \_\_\_\_\_

Internet: \$ \_\_\_\_\_

Repairs (Entire Home): \$ \_\_\_\_\_

Repairs (Office Only): \$ \_\_\_\_\_

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## Retirement Contributions

SEP IRA: \$ \_\_\_\_\_

Solo 401(k): \$ \_\_\_\_\_

Traditional IRA: \$ \_\_\_\_\_

Roth IRA: \$ \_\_\_\_\_

Health Savings Account (HSA): \$ \_\_\_\_\_

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## Estimated Tax Payments

Federal Estimated Tax Payments: \$ \_\_\_\_\_

State Estimated Tax Payments: \$ \_\_\_\_\_

Dates Paid: \_\_\_\_\_

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## Other Business Expenses

Please list any additional business expenses not included above.

| Description | Amount |
|-------------|--------|
|-------------|--------|

|  |          |
|--|----------|
|  | \$ _____ |
|--|----------|

|  |          |
|--|----------|
|  | \$ _____ |
|--|----------|

|  |          |
|--|----------|
|  | \$ _____ |
|--|----------|

|  |          |
|--|----------|
|  | \$ _____ |
|--|----------|

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## Questions

Did you purchase or sell business equipment during the year?

Yes  No

Did you begin or end your business during the year?

Yes  No

Did you change your business address?

Yes  No

Did you receive any grants or business assistance?

Yes  No

Did you make payments to independent contractors requiring Form 1099 reporting?

Yes  No

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## Additional Notes

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## Client Certification

I certify that the information provided in this expense summary is complete and accurate to the best of my knowledge. I understand that supporting documentation may be requested to prepare my tax return.

**Client Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_