

Construction & Trades Tax Preparation Expense Summary

Tax Year: _____

Client Information

Business Name (if applicable): _____

Client Name: _____

Business Address: _____

Phone: _____ **Email:** _____

Business Structure:

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

Employer Identification Number (EIN) (if applicable): _____

Primary Trade:

- General Contractor
- Electrician
- Plumber
- HVAC Technician
- Carpenter
- Roofer
- Painter
- Masonry/Concrete
- Landscaping/Lawn Care
- Other: _____

Primary Income Type:

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

Income

Gross Business Income: \$ _____

Other Income (cash jobs, side work, etc.): \$ _____

Please provide:

- Forms 1099-NEC / 1099-MISC
- W-2s (if applicable)
- Invoices and job records
- Payment summaries from contractors/customers

Materials & Supplies

Building Materials (lumber, drywall, cement, etc.): \$ _____

Electrical/Plumbing/HVAC Supplies: \$ _____

Hardware (nails, screws, fittings, etc.): \$ _____

Paint & Finishing Materials: \$ _____

Safety Equipment (PPE): \$ _____

Small Tools (under capitalization threshold): \$ _____

Consumable Supplies (adhesives, sealants, etc.): \$ _____

Tools & Equipment

Power Tools: \$ _____

Hand Tools: \$ _____

Tool Repairs & Maintenance: \$ _____

Tool Rentals: \$ _____

Equipment Rental (skid steer, lifts, etc.): \$ _____

Large Equipment Purchases (list separately under assets): \$ _____

Vehicles & Transportation

Business Miles Driven: _____ Miles

If using actual expenses:

Fuel: \$ _____

Repairs & Maintenance: \$ _____

Oil Changes: \$ _____

Insurance: \$ _____

Registration & Tags: \$ _____

Lease Payments: \$ _____

Tolls & Parking: \$ _____

Trailer Expenses: \$ _____

Truck Accessories (racks, storage, wraps): \$ _____

Job Site Expenses

Job Site Rentals (portable toilets, fencing, etc.): \$ _____

Dumpster & Waste Removal: \$ _____

Job Site Cleanup: \$ _____

Temporary Utilities: \$ _____

Permits & Inspection Fees: \$ _____

Blueprints / Plans / Engineering Fees: \$ _____

Subcontractors & Labor

Subcontractor Payments (1099): \$ _____

Day Labor: \$ _____

Temporary Staffing Agencies: \$ _____

Foreman / Crew Leaders: \$ _____

Business Operating Expenses

Office Supplies: \$ _____

Computer / Software: \$ _____

Accounting Software: \$ _____

Invoicing / Estimating Software: \$ _____

Cell Phone (Business Portion): \$ _____

Internet (Business Portion): \$ _____

Office Rent / Shop Rent: \$ _____

Storage Unit Rent: \$ _____

Postage & Shipping: \$ _____

Insurance

General Liability Insurance: \$ _____

Workers' Compensation: \$ _____

Commercial Auto Insurance: \$ _____

Tool & Equipment Insurance: \$ _____

Bonding Fees: \$ _____

Licensing & Professional Fees

Contractor License Fees: \$ _____

Trade Licenses & Certifications: \$ _____

Union Dues (if applicable): \$ _____

Continuing Education: \$ _____

Professional Memberships: \$ _____

Marketing & Business Development

Advertising: \$ _____

Website Costs: \$ _____

Business Cards & Flyers: \$ _____

Referral Fees Paid: \$ _____

Customer Gifts: \$ _____

Travel & Meals

Hotels & Lodging (out of town jobs): \$ _____

Airfare / Transportation: \$ _____

Meals While Traveling: \$ _____

Job Site Meals (if applicable): \$ _____

Assets Purchased During the Year

List any equipment, vehicles, or major tools purchased (typically capitalized).

Description Date Purchased Cost

Examples:

- Work truck
 - Excavator
 - Compressor
 - Generator
 - Trailer
 - Heavy machinery
-

Home Office (If Applicable)

Do you maintain a home office used regularly and exclusively for business administration?

Yes No

Home Square Footage: _____

Office Square Footage: _____

Mortgage Interest or Rent: \$ _____

Utilities: \$ _____

Internet: \$ _____

Insurance: \$ _____

Repairs (Entire Home): \$ _____

Repairs (Office Only): \$ _____

Retirement Contributions

SEP IRA: \$ _____

Solo 401(k): \$ _____

Traditional IRA: \$ _____

Roth IRA: \$ _____

HSA Contributions: \$ _____

Estimated Tax Payments

Federal Estimated Taxes: \$ _____

State Estimated Taxes: \$ _____

Dates Paid: _____

Other Expenses

Please list any additional business expenses not included above.

Description	Amount
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	\$ _____
--	----------

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

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

	\$ _____
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Questions

Did you purchase or sell any major equipment or vehicles this year?

Yes No

Did you hire subcontractors requiring 1099 forms?

Yes No

Did you operate multiple job sites or states?

Yes No

Did you receive any grants or disaster relief funds?

Yes No

Did you start or close your business this year?

Yes No

Additional Notes

Client Certification

I certify that the information provided is complete and accurate to the best of my knowledge. I understand that supporting documentation may be required.

Client Signature: _____

Date: _____