

# Mr. Money

## BUSINESS EXPENSES OF OUTSIDE SALES PEOPLE

### PROF. DUES, FEES, & EXPENSES

\_\_\_\_\_ Association dues  
 \_\_\_\_\_ Chamber of commerce/networking  
 \_\_\_\_\_ License  
 \_\_\_\_\_ Professional subscriptions  
 \_\_\_\_\_ Technical books  
 \_\_\_\_\_ Trade publications  
 \_\_\_\_\_ Other: \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_

### MAINTENANCE & REPAIR

\_\_\_\_\_ Answer machine  
 \_\_\_\_\_ Computer  
 \_\_\_\_\_ Copy machine  
 \_\_\_\_\_ FAX  
 \_\_\_\_\_ Office equipment  
 \_\_\_\_\_ Printer  
 \_\_\_\_\_ Telephone equipment  
 \_\_\_\_\_ Other: Cell phone/PDA  
 \_\_\_\_\_ Other: Cameras

### TELEPHONE

\_\_\_\_\_ Answering service  
 \_\_\_\_\_ Monthly base rate (only if separate,  
 business phone line)  
 \_\_\_\_\_ Paging service  
 \_\_\_\_\_ Pay phone  
 \_\_\_\_\_ Toll calls (from personal phone bill)  
 \_\_\_\_\_ Other: Fax charges  
 \_\_\_\_\_ Other: Cell calls  
 \_\_\_\_\_ Other: Internet fees  
 \_\_\_\_\_ Other: Website fees

### EQUIPMENT PURCHASES

DATE	AMOUNT	
_____	_____	Answer Machine
_____	_____	Cell phone: ___% of business use, if less than 100%
_____	_____	Computer ___% of business use, if less than 100%
_____	_____	Copy machine
_____	_____	FAX machine
_____	_____	Pager
_____	_____	Printer
_____	_____	CD/DVD player ___% of business use, if less than 100%
_____	_____	Telephone
_____	_____	Other: Business software, firewalls/security
_____	_____	Other: Camera ___% of business use, if less than 100%

### SUPPLIES & EXPENSES

\_\_\_\_\_ Advertising  
 \_\_\_\_\_ Bank charges  
 \_\_\_\_\_ Books  
 \_\_\_\_\_ Bookkeeping  
 \_\_\_\_\_ Briefcase  
 \_\_\_\_\_ Business (entertainment) meals  
 \_\_\_\_\_ Business cards  
 \_\_\_\_\_ Clerical service  
 \_\_\_\_\_ Computer software & supplies  
 \_\_\_\_\_ Customer lists  
 \_\_\_\_\_ Entertainment  
 \_\_\_\_\_ FAX charges (already under telephone)  
 \_\_\_\_\_ Flowers  
 \_\_\_\_\_ Gifts (\$25 limit)  
 \_\_\_\_\_ Greeting cards  
 \_\_\_\_\_ Insurance, liability  
 \_\_\_\_\_ Legal and professional services  
 \_\_\_\_\_ Map book/GPS fees  
 \_\_\_\_\_ Office expenses  
 \_\_\_\_\_ Photocopy expense  
 \_\_\_\_\_ Postage/overnight delivery  
 \_\_\_\_\_ Referral fees  
 \_\_\_\_\_ Rent, cleaning & utilities  
 \_\_\_\_\_ Samples  
 \_\_\_\_\_ Shipping  
 \_\_\_\_\_ Stationery  
 \_\_\_\_\_ Other: Ink/toner cartridges  
 \_\_\_\_\_ Other: CD/DVD media

### CONTINUING PROF. EDUCATION

\_\_\_\_\_ Correspondence course fees  
 \_\_\_\_\_ Photocopy expense  
 \_\_\_\_\_ Registration  
 \_\_\_\_\_ Seminar fees  
 \_\_\_\_\_ Supplies  
 \_\_\_\_\_ Textbooks, audio media  
 \_\_\_\_\_ Tuition  
 \_\_\_\_\_ Other: On-line course fees

## BUSINESS EXPENSES OF OUTSIDE SALES PEOPLE

TAXPAYER: \_\_\_\_\_

ID# \_\_\_\_\_

### AUTO TRAVEL

TOTAL MILES	PARKING/TOLLS	PURPOSE
_____	_____	Away from home business (overnight)
_____	_____	Between first and second job
_____	_____	Business entertainment and meals
_____	_____	Classes
_____	_____	Equipment maintenance
_____	_____	Equipment rental
_____	_____	Meetings
_____	_____	Prospecting
_____	_____	Purchasing supplies and materials
_____	_____	Repairs
_____	_____	Sales calls
_____	_____	Seminars
_____	_____	Training
_____	_____	Other: _____
_____	_____	Other: _____

Note: Trips between your home and primary work location and trips between your home and first business stop of the day are not deductible unless you have a qualified "home office."

### TRAVEL AWAY FROM HOME OVERNIGHT

TRANSPORTATION	LIST OUT-OF-TOWN TRIPS	
	DATES	BUSINESS PURPOSE
_____ Airfare	_____	_____
_____ Care rental and gas	_____	_____
_____ Parking and tolls	_____	_____
_____ Taxi	_____	_____
_____ Train, bus, subway	_____	_____
_____ Other: _____	_____	_____

### MISCELLANEOUS

_____ Laundry	_____	_____
_____ Lodging	_____	_____
_____ Meals	_____	_____
_____ Porter, bell captain, maid	_____	_____
_____ Fax, copying service	_____	_____
_____ ATM fees	_____	_____
_____ Newspapers, trade magazines	_____	_____
_____ Other: _____	_____	_____

### SPECIAL QUESTIONS

Were you reimbursed for any of your business expenses?  yes  no

If so, how much were you reimbursed? (List by individual expense category.)

List any equipment you sold that you previously claimed as a business expense:

DATE SOLD	AMOUNT	DESCRIPTION
_____	_____	_____
_____	_____	_____