



**O'Rourke Tax Service, Inc.**  
**Business Tax Itemizer (2023)**

Please Fill Out One Worksheet Per Business and Return to Our Office

Business Income/Expense Worksheet			
Business Legal Name	EIN (If Applicable)		
Describe the Products or Services Sold:			
Business Address	City	State	Zip
Tax Classification of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation			
Income			
Income Received	\$ _____	Please provide all Form 1099's received (1099-NEC, 1099-MISC, 1099-K, etc.)	
Sales Tax Collected	\$ _____	Include only if included in "Income Received" above	
Cost of Goods Sold			
Cost of Product Purchased for Resale:	\$ _____	Cost of Materials to Make Products:	\$ _____
If you Maintain Inventory, Please Provide: Beginning Inventory: \$ _____ Ending Inventory: \$ _____			
Expenses			
Advertising		Office & Postage	
Auto & Truck Expenses	Auto & Truck Wks.	Permits	
Bank Charges		Personal Property Tax	
Commissions and Fees		Phone & Internet	Phone Wks.
Credit Card (Merchant) Fees		Printing	
Dues & Subscriptions		Software	
Equipment Purchases	Equipment Wks.	Subcontractors	
Equipment Rentals		Supplies	
Home Office	Home Office Wks.	Other Taxes/Licenses	
Insurance	Insurance Wks.	Travel	Travel Wks.
Interest	Interest Wks.	Uniform (not work clothes)	
Legal & Accounting		Wages/Payroll Taxes	
Meals		Other (provide a list with amounts)	

Auto & Truck Expense Worksheet			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Make, Model, & Year			
Did You Keep a Written Mileage Log for This Vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2023 Business Miles Driven			
2023 Other Miles Driven			
Tolls			
Parking Fees			
Fill Out Below Only If Claiming Actual Expenses	Vehicle 1	Vehicle 2	Vehicle 3
Purchase Price (if purchased Vehicle this year)			
Gas			
Insurance			
Lease (if leased vehicle)			
Repairs & Maintenance			

Equipment Worksheet			
Description of Asset Purchased	Amount	Date	Pct Business Use
If you <b>sold</b> any equipment, please provide the same information above on a separate worksheet			



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**Home Office Worksheet**  
 (For Schedule C Businesses Who Qualify for Home Office Deduction)

Square Footage of Office/Shop		Square Footage of Entire Home	
Day Care Operators Only:			
_____ Number of Hours Children Were in Home During the Year (you can include additional 1/2 hr before & after kids arrive for set-up/cleaning)			
_____ Square Footage of Home Never Used By Children			
_____ Breakfasts Served	_____ Lunches Served	_____ Dinners Served	_____ Snacks Served

**Home Expenses (totals for Entire Home)**

Apartment/House Rent (if you rent)		Mortgage Interest (if you own)	
Home Repairs & Maintenance		Real Estate Tax (if you own)	
House/Renters Insurance		Utilities	

**Insurance Expense Worksheet**

Fire & Casualty		Workers Compensation	
Liability		Other (Describe & Provide Amount)	

**Interest Expense Worksheet**

Bank Loans		Credit Card Loans – Amount	
Business Vehicle Loans		Credit Card - Percent Business Usage	% Bus.
Other Loans (Describe & Provide Amount)			

**Phone & Internet Expense Worksheet**

Cell Phone – Amount		Home Phone*	
Cell Phone – Percent Business Usage	% Bus.	Separate Business Line Charges	
Shop/Office Phone		Long Distance Fees	
Internet – Amount		*If only one home phone, no deduction allowed except for business long distance charges.	
Internet – Percent Business Usage	% Bus.		

**Travel Expense Worksheet**  
 (Expenses Only Allowed For Overnight Trips)

Airfare		Meals	
Cabs/Taxis		Parking	
Hotels/Lodging		Tolls	
If you traveled to other cities, please provide the location and nights spent at the location.			