

Real Estate Agent Worksheet

Taxpayer Name:		Tax Payer SS#:		EIN:		
Name of Associated Broker:		Date of License: ____ / ____ / ____				
Gross Income/Commissions (provide any 1099's) \$						
Advertising		Cell Phone		\$		
Signage	\$	Internet Access Fees		\$		
Direct Mail	\$	Self Employed Health Insurance		\$		
Flyers	\$	Professional Organization Dues & Fees		\$		
Business Cards	\$	Community Organization Dues & Fees		\$		
Promotional Items	\$	Errors and Omission Insurance		\$		
Print Advertising	\$	Bank Charges		\$		
Classified Advertising	\$	Meals		\$		
Misc. Advertising	\$	Client / Closing Gifts		\$		
Legal & Professional Fees	\$	Travel		\$		
MLS Fees	\$	Client Entertainment		\$		
Rent – If required at Main Office	\$	Continuing Education Expenses		\$		
Office Fees	\$	Professional Conference Fees		\$		
Utilities – Outside of Home	\$	Travel		\$		
Secretarial/Assistant Expenses	\$	Courier Services		\$		
Copying Expenses	\$	Keys & Locksmiths		\$		
Printing Costs	\$	Lock Boxes		\$		
Office Supplies	\$	Photographs (film & Processing)		\$		
Business Insurance (not health)	\$	Open House Expenses		\$		
Dues & Publications	\$	Referral Fees		\$		
Postage & Shipping	\$	Other – Specify:		\$		
Telephone – 2 nd line if in home	\$	Date you started your business: ____ / ____ / ____				
Vehicle Expense						
Vehicle expenses (provide breakdown) \$		Is this evidence written?		Yes or No		
Type & Year of Vehicle:		If you lease, what is the monthly payment?		\$		
Date First Used for Business: ____ / ____ / ____		Number of Miles Driven for Business		mi.		
Do you have another car for personal use? Yes or No		Number of Miles Driven for Personal		mi.		
Do you have evidence to support the deduction? Yes or No		Number of Miles Driven for Commuting		mi.		
Home Office						
Square Footage of Home		sq./ft	Cost of Utilities Except Water per Month		\$	
Square Footage of Space/Room Used		sq./ft	Amount of Rent Paid per Month		\$	
Fair Market Value of Home		\$	Insurance – Homeowners/Renters		\$	
Number of Months Office was in Home			Other - Specify		\$	
Equipment Purchased Prior to this Tax Year		Date Purchased		Placed in Service		Cost
Computer		/ /		/ /		\$
Printer		/ /		/ /		\$
Cell Phone		/ /		/ /		\$
Pager		/ /		/ /		\$
Fax Machine/Scanner		/ /		/ /		\$
Other		/ /		/ /		\$
List Equipment Purchased this Tax Year		Date Purchased		Placed in Service		Cost
		/ /		/ /		\$
		/ /		/ /		\$
		/ /		/ /		\$
		/ /		/ /		\$
		/ /		/ /		\$
Small Business Comments and Other Expenses:						
Note: If new client – provide copy of last years tax return!						