

Primary Tax Payer's Name: _____ Phone # _____

Business name if any: _____

If you are self-employed, or received a form 1099 Misc., please complete this page.

Amount		Amount	
<i>If you had business expenses:</i>		<i>If you had a home office:</i>	
Advertising		Square footage of house	
Contract Labor		Square footage of office	
Business Insurance		Electric for whole house	
Telephone		Gas for whole house	
Internet		Water for whole house	
Computers & equipment		Garbage for whole house	
Bank Fees		Homeowners Assoc. Dues	
Office supplies		Home Insurance	
Postage		Office Repairs	
Uniform (special work clothing)			
Professional Fees		<i>For Trucking Business Only:</i>	
Equipment Rental		Fuel	
Materials and Supplies		Fuel Tax	
Inventory at end of previous year		# of Days of Work	
Travel		Truck /Trailer Registration	
Meals & Entertainment		Truck & Trailer Repair	
Tools purchased - small		Truck Insurance	
<i>Tools purchased – Large – list below:</i>		Truck Permits	
		Tolls	
		Scale Fees	
		Truck Wash	
<i>If you have Auto Expenses for business:</i>		Miles driven	
Make/Model of vehicle:		Truck Supplies	
Year of vehicle:		Misc. Sundry items	
When started using for business:		Meals	
Total Mileage for year		Motel charges	
Total Business use Mileage for yr.			
If you have more than one auto used for business, include the above information for your other vehicle on a separate sheet of paper.			

Send your tax return information to:

US Tax Returns R Us LLC
Dr. Jim Greer, LTC
PO Box 7080
Salem, OR 97303

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email: drjimgreer@comcast.net