

Real Estate Agent Worksheet

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|----------------------------|------------------|------|
| 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? |
| Type & Year of Vehicle: | | If you lease, what is the monthly payment? \$ |
| Date First Used for Business: | | Number of Miles Driven for Business |
| Do you have another car for personal use? | | Number of Miles Driven for Personal |
| Do you have evidence to support the deduction? | | Number of Miles Driven for Commuting |

Home Office

| | | | |
|-------------------------------------|----|--|----|
| Square Footage of Home | | Cost of Utilities Except Water per Month | \$ |
| Square Footage of Space/Room Used | | Amount of Rent Paid per Month | \$ |
| Fair Market Value of Home | \$ | Insurance – Homeowners/Renters | \$ |
| Number of Months Office was in Home | | Other - Specify | \$ |

| List Equipment Purchased in 2019 | Date Purchased | Placed in Service | Cost |
|----------------------------------|----------------|-------------------|------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

| List Equipment Sold in 2039 | Date Purchased | Date Sold | Sales Price |
|-----------------------------|----------------|-----------|-------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Small Business Comments and Other Expenses:

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