STOP!!!!

Only fill out this worksheet if you are a **self-employed** Real Estate Agent and do not receive W-2 as a Real Estate Agent!

OR

If you receive W-2 income in one of the following States: AL, AK, CA, HI, IA, MN, NY, & PA as a Real Estate Agent!

Notes for special situations:

- If you are both self-employed and receive a W-2 as a Real Estate Agent from one of the above mentioned states You must complete two copies separating self-employment expenses and travel from W-2 expenses and travel.
- If both of you and your spouse are self-employed Fill out a separate worksheet for each of your businesses. If you have some shared experiences, like internet access for example, just write the word "shared" or "both" next to the expense
- If you have an expense that relates to your W-2 work and your Non-W-2 self-employment Fill in only the amount that applies to your self-employment, or if unsure how to allocate just put a ? besides the number and we'll review it with you.
- Do not send receipts with your worksheets. Keep them in your file at home.

Lincoln Tax Professionals, LLC

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Taxpayer's Name	
Tax Year	

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	Re	eal Estate Sales	s Expense Worksheet			
	_		your tax return. Please list all busines	_		
Income Rec	eived (the to	otal of ALL Non-V	W2 income): \$			
Stimulus Relief P	ayments rec	eived in 2020: PP	P Loans \$ EIDL Loan \$		_	
General Expenses						
		Cost				Cost
Tax Preparation		\$	Internet Access		\$_	
Personal land line phone (Total Y	ear)	\$	Cell Phone (Total Year, Your Line	e Only)	\$_	
What % do you use land line for	business?		What % do you use cell phone for	r business?		%
Business Insurance (Not vel	hicle or heal	lth)				
		Cost			_	Cost
Liability Insurance		\$			\$_	
Workman's Compensation Insura	nce	\$			\$_	
		\$			\$_	
<u>Supplies</u>						
	Cost	Related Mileage		Cost		Related Mileage
Books and Publications	\$		Office Supplies (Tape, Staples, Etc)	\$		
Business Cards	\$	_	Snacks and Beverages	\$		
Sales catalogs and fliers	\$		Stationary and Greeting Cards	\$		
Incentives and Awards	\$		Printing and postage	\$		
Incidental Supplies (Kleenex, Clorox Wipes, Etc)	\$			\$		
	\$			\$		
Computer and Other Equip	<u>ment</u>		List each item over \$2,500 separately.	Combine sr	nalle	r items.
	Cost	Related Mileage		Cost		Related Mileage
Small Tech & Equipment (Total all items under \$2,500)	\$			\$		
Computer Software / Upgrades (Include Anti-virus - Security)	\$			\$		
Web/Domain Fees	\$			\$		

Professional Expens	<u>ses</u>	Cost	Related Mileage			Cost	Related Mileage
Business Meals Local \$			Realtor Dues (FCAR, other)		\$		
Meeting Expenses \$			Lock Box Fees		\$		
Business Meals Overni	ight (See Tr	avel Chart)			\$	_
Business Gifts (\$25/person/year) \$					\$		
Equipment Repair		\$				\$	_
MRLS Fees		\$				\$	_
Desk Fees		\$				\$	
Continuing Educati							
	Tuition Pai	d By You		11	# of Trips	Mile	eage One Way
Spring	\$		\$	\$			
Summer	\$		\$	\$			
Fall	\$		\$	\$			
Other	\$		\$	\$			
Other Mileage – If	your busir	iess has n	nultiple vehicles plo Related Mileage	ease ask us for our Vo	ehicle Chart		Related Mileage
Trips to Post Office							
Trips to Training							
Trips to Clients							
Trips for Delivery							

Travel Chart Category expenses should be totaled per trip

Total vehicle mileage for the whole year (Odometer on Dec 31 minus Odometer on Jan 1)

# of <u>DAYS</u> Gone Over Night	Expenses from Plane, Train, Subways, Rental Car, Taxi, Uber, Lyft	Lodging Expenses	Tolls Parking	Miles Driven in Personal Vehicle	Amounts Reimbursed, If Any, or NONE	Office Use Only
	\$	\$	\$		\$	
	\$	\$	\$		\$	
	\$	\$	\$		\$	

Total miles spent on regular daily commute

Office Use Only – Total Related Mileage

Office in Home

Not everyone qualifies to take an office in home deduction. You must work from home for the <u>convenience of your employer</u> AND <u>not have a dedicated office space</u> you could go in and work at. Ask us if you think you qualify.

	 \$		\$	
Other Expenses – Expenses you're	Cost	egorize or not sure if you can deduct	Cost	
If these are not currently in place, are apseason.	propriate and you qualify	, we will set up a separate appointment to discuss	s after the tax	
Pension Type		your payroll (Forms W-3, W SUTA, FUTA, year end pay	V-2, 941 / 944 / 940 rroll journal)	
Code Sec 105 Approval Form Pension Contributions	\$	HSA Contributions Complete copy of Payroll if		
Fringe Benefit Programs & Emplo	oyee Compensation			
Other Issues Owner's Post Tax Health Insurance	\$			
Square footage of office space (including storage)	FT ²	Square footage of the finished space in your home including the office space.	FT ²	
Security	\$			
Trash Pick-up	\$	Improvements to your home	\$	
HOA/Condo Association Fees	\$	Improvements to the office space	\$	
Homeowners/Renters Insurance	\$	Repairs & Maintenance to your home	\$	
Total Rent Paid For the Year	\$	Repairs & Maintenance to the office space	\$	
Mortgage Interest NEW HOME	Bring your End of Year 1098 Mortgage Statement	Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$	
If you move during the year please Date you moved into your new res		Offices		
Square footage of office space (including storage)	FT ²	Square footage of the finished space in your home including the office space.	FT ²	
Security	\$			
Trash Pick-up	\$	Improvements to your home	\$	
HOA/Condo Association Fees	\$	Improvements to the office space	\$	
Homeowners/Renters Insurance	\$	Repairs & Maintenance to your home	\$	
Total Rent Paid For the Year	\$	Repairs & Maintenance to the office space	\$	
Mortgage Interest	Statement	ng your End of 1098 Mortgage Statement Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.		

Additional Notes or Questions: