# South Beach Tax & Financial Services

## Outside Salesperson Work Sheet

Name _____ Tax Year _____

| DESCRIPTION | AMOUNT | DESCRIPTION | AMOUNT |
|---|---|---|---|
| Advertising | | | |
| Answering service | | | |
| Bad checks | | Meetings & Conventions M-1 | |
| Bank service charges | | | |
| | | Occupational license renewals | |
| Cash shortages | | Office supplies, stationary, general | |
| Clerical services/Public stenographer | | Postage/FedEx/UPS | |
| Credit and collection expense | | P.O. Box rental | |
| Credit card membership | | Printing/Reproduction/Copies | |
| Daytimer/Planner | | Professional dues and expenses M-1 | |
| Delivery/Freight/Messenger service | | Rent on business property (not home) | |
| Depreciation (only if prepared manually) | | Repairs to equipment | |
| From Form 4562 ◯ | | Sales promotion | |
| Educational expenses A-16 | | Seminars and workshops M-1 | |
| Employment seeking expenses A-17 | | Storage | |
| | | Subcontracts | |
| Entertainment/Meals (see A-20) | | Telephone, pager, fax, etc A-9 | |
| Equipment rental and/or cartage | | Trade/Technical Books/ Publications/ | |
| | | Periodicals/Tools/Supplies A-10 | |
| Eyeglasses, special, required for employment | | | |
| Gifts (not over $25/per person)(Requires W/S TC-10) | | Uniforms A-11 | |
| Guard and patrol service | | Union meetings and Expenses M-1 | |
| Insurance premiums, business | | | |
| Internet/DSL/Cable fees | | Utilities* *see note* | |
| Janitorial Service* *see note* | | Other: | |
| | | | |
| Licenses and Permits | | Amount from W/S A-99, column A A-99 | |
| Luggage | | | |
| | | | |
| SUBTOTAL COLUMN ABOVE ▶ | | ▶▶ SUBTOTAL FROM LEFT COLUMN ▶▶ | |
| | | TOTAL TO Form 2106, line 4 | |
| | | | |
| | | *If qualified home office, include on W/S M-3a, not on this W/S | |

| DEDUCTIBLE MILEAGE (Requires W/S TC-10) (not commuting) | MILES |
|---|---|
| Temporary site (if also has regular site) | |
| Away from home overnight | |
| Site to Site | |
| Other | |
| | |
| TOTAL TO W/S A-32 ◯ or FORM 2106 ◯ | |

| OTHER TRANSPORTATION COSTS (not commuting ) | AMOUNT |
|---|---|
| Taxicab, Bus, Subway, etc. | |
| Tolls, Parking, Other | |
| TOTAL TO FORM 2106, Line 2 | |

Enter reimbursement from accountable plans, if any, on FORM 2106.
Do not NET against expenses here.

| EXPLANATORY NOTES | |
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