



**LYNN-MARK ENTERPRISES, LLC**  
**TAX & BUSINESS CONSULTANTS**

14 East 38th Street, Suite 1402  
 New York, NY 10016  
 Phone (212) 213-6592 | Fax (646) 304-8263  
 Email: Taxquestions@lynnmark.com

**Itemized Deductions Worksheet**

**This is a comprehensive list. Please fill out boxes only if it pertains to your business.**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_ Tax ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Date Business began: \_\_\_\_\_ Tax Year: \_\_\_\_\_

Business Description: \_\_\_\_\_

Email: \_\_\_\_\_

Income		TOTAL AMOUNT
Gross receipts or sales (form 1099)		
Other income received not listed on 1099 forms (Do not include W-2 or unemployment Income)		
Cost of Good Sold		
Purchases		
Cost of Labor		
Materials & Supplies		
Other costs (i.e., photography)		
Ending Inventory		
Equipment, Furniture, Computers & Software		
Description of item	Date of purchase	
Description of item	Date of purchase	
Description of item	Date of purchase	
Description of item	Date of purchase	
Description of item	Date of purchase	
EXPENSE		TOTAL AMOUNT
Accountant (include tax return preparation)		
Advertising		
Bank charges (from business account)		
Car and truck expenses (see page 3)		
Commissions		
Contract labor		
Delivery and freight		
Dues and subscriptions		
Health insurance premiums		
Insurance (other)		
Janitorial		

EXPENSE	TOTAL AMOUNT
Laundry & Cleaning	
Legal & Professional fees	
Miscellaneous	
Office expenses	
Outside services	
Postage & Shipping	
Printing	
Rental & Leases	
Machinery & Equipment	
Office rent (for home/office - use pg 3 of this worksheet)	
Repairs & Maintenance	
Equipment	
Other (computer repairs)	
Security	
Start-up costs (\$5,000 maximum)	
Supplies	
Taxes and Licenses	
Payroll	
Sales tax	
NYC UBT	
MCT	
Other	
Telephone	
Tools	
Travel, meals and entertainment (hotels/other travel) (local travel see below)	
Car rentals	
Travel - overnight	
Meals and entertainment in full	
Uniforms	
Utilities (Oil, Gas & Electric) (for home/office - use pg 3 of this worksheet)	
Wages	
<b>Other expenses not listed above:</b>	
Books	
Business gifts (limit \$25 per recipient)	
Internet access fee and domain registration	
Local travel	
Research	
Cable TV	
Museums	
Movies, itunes, netflix	

EXPENSE	TOTAL AMOUNT
Professional Education / Classes	
Props	
Samples	
Seminar fees	
Union dues	
Other items not listed:	
<b>Car and Truck Expenses</b>	
Make and model of vehicle	
Total miles for the year (ending minus beginning mileage reading)	
Business miles for current tax year filing from 01/01-12/31	
Commuting miles for the year	
Number of months of vehicle business use (if less than 12)	
Parking and Tolls (business portion only)	
Gas / oil	
Repairs & Maintenance	
Tires	
Insurance / Vehicle Registration	
Misc.	
Auto license	
Car loan interest	
Lease payments	
Was vehicle sold in current tax year? If so:	
Date sold	Sales Price
*Fill out next 4 lines ONLY if vehicle was purchased in tax year or new client:	
Cost of vehicle	
Date of purchase	
Date began using vehicle for work (if different from purchase date)	
<b>Home Office</b>	
Total home rent paid for the year (if applicable)	
Square footage: Total Sq. Ft.	Office Sq. ft.
Total Utilities (Oil, Gas & Electric)	
Total Maintenance	
Total Home repairs	
Total Home office repairs	
Total Home insurance	
Other (please specify)	

Charitable contributions (Checks & Credit Cards)*			
	Name of Organization	Date of Contribution	Amount
1.			
2.			
3.			
4.			
		TOTAL	\$

Non-cash (i.e., donation of clothes, furniture, old car)			
Name & Address of donee organization	Description of donated property	Date of Contribution	Fair Market Value \$ must be in "good used condition or better"
		Non-Cash Total:	\$

\*No charitable deductions for "cash" unless donor retains a bank record, receipt, or written communication from the donor showing the name of donor organization, date and amount of contribution.

OTHER					TOTAL AMOUNT
Medical expenses (attach Medical Expenses Worksheet)					
Retirement Plan Contributions made for tax year					
SEP-IRA					
Roth IRA					
Traditional IRA					
Estimated Tax Payments					
Federal	Date Paid	Federal Amount	State/City Amount	NYC-UBT	MCTMT
Voucher 1		\$	\$	\$	\$
Voucher 2		\$	\$	\$	\$
Voucher 3		\$	\$	\$	\$
Voucher 4		\$	\$	\$	\$