

LAWYER WORKSHEET

NAME	S.S.#	
1) ADVERTISING - Bus. cards, Resumes		
2) PROF. SERVICES - Sub-contract labor, Assistants		
3) INTEREST - Paid on business expenses		
4) LEGAL FEES, ACCOUNTING FEES		
5) POSTAGE, FAX, XEROX, FED-EX, MESSENGERS		
6) REPAIRS - Instruments and equipments		
7) SUPPLIES - Stationeries, Briefcase, etc.		
8) TRAVEL - Airfare, Train, Taxicabs, Hotel		
9) FOOD & ENTERTAINMENT - Bus. meals, Food on location		
10) COURT FILING FEES - Unreimbursed costs		
11) TELEPHONE - Used for bus., Answering serv., cell, & voicemail		
12) TRADE PUBLICATIONS - Industry magazines, Books		
13) SEMINARS - Trade shows		
14) PROMOTIONAL GIFTS		
15) FILM/FILM PROCESSING		
16) PAGER		
17) ADMISSIONS TO SHOWS - Films, Concerts, Video rentals		
18) CABLE		
19) PARKING		
20) BAR DUES		
21)		
22)		
23)		
24)		
25)		
26)		
27) MEDICAL- Doctors, Dentists, Optometry	MED. INS.	
28) MORTGAGE INTEREST		
29) REAL ESTATE TAX		
30) CHARITY - Cash or check		
31) CHARITY - Other		

CAR AND TRUCK EXPENSES	VEHICLE 1	VEHICLE 2	CURRENT YEAR	VEHICLE 1	VEHICLE 2
YEAR VEHICLE WAS ACQUIRED			TOTAL MILES		
TOTAL MILES ON VEHICLE					
APPROX. MILES PER GALLON			BUS. MILES		
COST OF INSURANCE					
REPAIRS, TIRES, TUNE-UPS					
LEASE EXPENSE			VEHICLE REGISTRATION/DMV		

BUSINESS EQUIPMENT PURCHASES DURING THE YEAR

DATE PURCHASED	DESCRIPTION	COST

DATE PURCHASED	ADDITIONAL BUS. EQUIP. PURCHASES DESCRIPTION	COST

INSTRUCTIONS

- 1) Please make sure all names are exactly as they appear on the social security cards.
- 2) Please subtotal all your receipts and write them in under the appropriate categories.
- 3) Bring all W-2s and 1099s.
- 4) If you sold any stocks, bring in all information, including date and price of purchase and sale.
- 5) Social Security numbers are required for all children (dependents).
- 6) Fill out the following:

YOUR CURRENT ADDRESS:

Street Address

City, State, and Zip Code

Home: _____ Work: _____ Cell: _____

Phone Numbers

Email Address

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FOR OFFICE USE ONLY:

ESTIMATED FED. REFUNDS _____ ESTIMATED STATE REFUNDS _____

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