

## DIRECT SELLER DEDUCTIONS

Client: \_\_\_\_\_

ID# \_\_\_\_\_ Tax Year \_\_\_\_\_

The purpose of this worksheet is to help you organize your tax deductible business expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.

| Inventory                      |  |
|--------------------------------|--|
| Inventory at Beginning of Year |  |
| Purchases                      |  |
| Cost of Items for Personal Use |  |
| Other Costs                    |  |
| Inventory at End of Year       |  |
|                                |  |
| Sales Expenses                 |  |
| Advertising                    |  |
| Business Cards                 |  |
| Bank Charges                   |  |
| Catalogues                     |  |
| Commissions                    |  |
| Demos                          |  |
| Freight                        |  |
| Gifts                          |  |
| Kits                           |  |
| Map Books                      |  |
| Postage                        |  |
| Refunds                        |  |
| Sales Aids                     |  |
| Sales Assistants               |  |
| Samples & Promotional Items    |  |
| Seminars & Trade Shows         |  |
| Service Charges                |  |
| Snacks & Beverages             |  |
| Storage Containers             |  |
| Storage Fees                   |  |
| Supplies - Meeting\Party       |  |
| Supplies - Misc                |  |
| Supplies - Office              |  |
| Other _____                    |  |
| Other _____                    |  |
| Total                          |  |

| Professional |  |
|--------------|--|
| Dues         |  |
| Insurance    |  |
| License      |  |
| Publications |  |
| Other _____  |  |
| Other _____  |  |
| Total        |  |

| Telephone          |  |
|--------------------|--|
| Long Distance      |  |
| Faxes              |  |
| Pay phone          |  |
| Cell Phone Service |  |
| 2nd Line           |  |
| Answering Service  |  |
| Other _____        |  |
| Other _____        |  |
| Other _____        |  |
| Total              |  |

| Equipment      |  |
|----------------|--|
| Attache Case   |  |
| Calculator     |  |
| Desk           |  |
| Display Tables |  |
| Camera         |  |
| Filing Cabinet |  |
| Cell Phone     |  |
| Telephone      |  |
| Other _____    |  |
| Other _____    |  |
| Total          |  |

| Vehicle & Travel                              |
|---|
| See Vehicle, Travel & Entertainment Worksheet |

| Other Information |
|-------------------|
|                   |
|                   |
|                   |

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