

STOP!!!!

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

OR

If you receive W-2 income in one of the following States:

AL, AK, CA, HI, IA, MN, NY, & PA as a Construction Worker!

Notes for special situations:

- **If you are both self-employed and receive a W-2 as a Construction Worker 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 _____

Construction Workers and Businesses Expense Worksheet

We will need the following items to prepare your tax return. Please list all business expenses.

Income Received (the total of ALL Non-W2 income): \$ _____

Stimulus Relief Payments received in 2020: PPP Loans \$ _____ EIDL Loan \$ _____

General Expenses

	Cost		Cost
Tax Preparation	\$ _____	Internet Access	\$ _____
Personal land line phone (Total Year)	\$ _____	Cell Phone (Total Year, Your Line Only)	\$ _____
What % do you use land line for business?	_____ %	What % do you use cell phone for business?	_____ %

Business Insurance (Not vehicle or health)

	Cost		Cost
Liability Insurance	\$ _____	_____	\$ _____
Workman's Compensation Insurance	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Supplies

	Cost	Related Mileage		Cost	Related Mileage
Books and Publications	\$ _____	_____	Uniforms	\$ _____	_____
Business Cards	\$ _____	_____	Uniform Cleaning	\$ _____	_____
Incentives and Awards	\$ _____	_____	Subcontractors over \$600	\$ _____	_____
Incidental Supplies (Kleenex, First Aid, etc...)	\$ _____	_____	Subcontractors under \$600	\$ _____	_____
Job Supplies	\$ _____	_____	_____	\$ _____	_____
Safety Gear	\$ _____	_____	_____	\$ _____	_____

Computer and Other Equipment

List each item over \$2,500 separately. Combine smaller 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 Expenses

	Cost	Related Mileage		Cost	Related Mileage
Advertising	\$ _____	_____	Equipment Repair	\$ _____	_____
Business Credit Card Interest Paid	\$ _____	_____	Job Hunting Expenses	\$ _____	_____
Business Gifts (\$25/person/year)	\$ _____	_____	Memberships (Costco, Sam's etc)	\$ _____	_____
Business Meals Local	\$ _____	_____	Professional Memberships	\$ _____	_____
Business Meals Overnight (See Travel Chart)	\$ _____	_____	Seminars and Trade Show Fees	\$ _____	_____
Equipment Fuel/Gas/Diesel	\$ _____	_____	Union Dues	\$ _____	_____
Undyed/Clear Construction Fuel (Non highway equipment)					
Gas _____ # Gallons				\$ _____	_____
Diesel _____ #Gallons					
Equipment Rental	\$ _____	_____		\$ _____	_____

Continuing Education & Trade / Graduate School

	Tuition Paid By You	Tuition Reimbursed	Books and Supplies	# of Trips	Mileage One Way
Spring	\$ _____	\$ _____	\$ _____		
Summer	\$ _____	\$ _____	\$ _____		
Fall	\$ _____	\$ _____	\$ _____		
Other	\$ _____	\$ _____	\$ _____		

Travel Chart Category expenses should be totaled per trip

# of <u>DAYS</u> Gone Over Night	City/State	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
		\$ _____	\$ _____	\$ _____		\$ _____	
		\$ _____	\$ _____	\$ _____		\$ _____	
		\$ _____	\$ _____	\$ _____		\$ _____	
		\$ _____	\$ _____	\$ _____		\$ _____	
		\$ _____	\$ _____	\$ _____		\$ _____	
		\$ _____	\$ _____	\$ _____		\$ _____	
		\$ _____	\$ _____	\$ _____		\$ _____	
		\$ _____	\$ _____	\$ _____		\$ _____	

Vehicle Expense Worksheet:

Please fill out the chart below for each vehicle you use for business. Be sure to keep your mileage log up to date and accurate, as it will be needed if you are ever audited. For interest paid on a vehicle loan, review your statements, or call your lender, as it is not reported to you on a tax statement. If you purchase, sell or trade in a vehicle bring your sales slip, and any other relevant information to your appointment.

Vehicle Make & Model				
Total Miles for the year				
Total Business Miles				
% Business miles				

Other Vehicle Expenses				
Parking Fees				
Tolls				
Gasoline				
Repairs				
Maintenance (oil, tires, tune up, etc...)				
Car Washes				
Insurance				
Interest on car loan				
Tags & Registration				
Personal Property Tax				
Other _____				
Other _____				

Office in Home

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

Mortgage Interest	Bring your End of Year 1098 Mortgage Statement	Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Total Rent Paid For the Year	\$	Repairs & Maintenance to the office space	\$
Homeowners/Renters Insurance	\$	Repairs & Maintenance to your home	\$
HOA/Condo Association Fees	\$	Improvements to the office space	\$
Trash Pick-up	\$	Improvements to your home	\$
Security	\$		
Square footage of office space (including storage)	FT ²	Square footage of the finished space in your home including the office space.	FT ²

If you move during the year please separate your Home Offices

Date you moved into the new residence: _____

Mortgage Interest NEW HOME	Bring your End of Year 1098 Mortgage Statement	Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Total Rent Paid For the Year	\$	Repairs & Maintenance to the office space	\$
Homeowners/Renters Insurance	\$	Repairs & Maintenance to your home	\$
HOA/Condo Association Fees	\$	Improvements to the office space	\$
Trash Pick-up	\$	Improvements to your home	\$
Security	\$		
Square footage of office space (including storage)	FT ²	Square footage of the finished space in your home including the office space.	FT ²

Other Issues

Owner's Post Tax Health Insurance \$ _____

Fringe Benefit Programs & Employee Compensation

_____ Code Sec 105 Approval Form
 _____ Pension Contributions \$ _____
 _____ Pension Type _____

_____ HSA Contributions
 _____ Complete copy of Payroll if we do not prepare your payroll (Forms W-3, W-2, 941 / 944 / 940, SUTA, FUTA, year end payroll journal)

If these are not currently in place, are appropriate and you qualify, we will set up a separate appointment to discuss after the tax season.

Other Expenses – Expenses you're not sure where to categorize or not sure if you can deduct

	Cost		Cost
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Additional Notes or Questions: