

# Real Estate Agent Worksheet

|                            |                                  |      |
|----------------------------|----------------------------------|------|
| Taxpayer Name:             | Tax Payer SS#:                   | EIN: |
| Name of Associated Broker: | Date of License: ___ / ___ / ___ |      |

|   |    |                                       |     |
|---|----|---------------------------------------|-----|
| Gross Income/Commissions (provide any 1099's) | \$ |                                       |     |
| Advertising                                   |    | Cell Phone                            | \$  |
| Signage                                       | \$ | Internet Access Fees                  | \$  |
| Direct Mail                                   | \$ | Self Employed Health Insurance        | \$  |
| Flyers  | \$ | Professional Organization Dues & Fees | \$  |
| Business Cards                                | \$ | Community Organization Dues & Fees    | \$  |
| Promotional Items                             | \$ | Errors and Omission Insurance         | \$  |
| Print Advertising                             | \$ | Bank Charges                          | \$  |
| Classified Advertising                        | \$ | Meals                                 | \$  |
| Misc. Advertising                             | \$ | Client / Closing Gifts                | \$  |
| Legal & Professional Fees                     | \$ | Travel                                | \$  |
| MLS Fees                                      | \$ | Client Entertainment                  | \$  |
| Rent – If required at Main Office             | \$ | Continuing Education Expenses         | \$  |
| Office Fees                                   | \$ | Professional Conference Fees          | \$  |
| Utilities – Outside of Home                   | \$ | Travel                                | \$  |
| Secretarial/Assistant Expenses                | \$ | Courier Services                      | \$  |
| Copying Expenses                              | \$ | Keys & Locksmiths                     | \$  |
| Printing Costs                                | \$ | Lock Boxes                            | \$  |
| Office Supplies                               | \$ | Photographs (film & Processing)       | \$  |
| Business Insurance (not health)               | \$ | Open House Expenses                   | \$  |
| Dues & Publications                           | \$ | Referral Fees                         | \$  |
| Postage & Shipping                            | \$ | Other – Specify:                      | \$  |
| Telephone – 2 <sup>nd</sup> line if in home   | \$ | Date you started your business:       | / / |

|  |    |  |           |
|--|----|--|-----------|
| <b>Vehicle Expense</b>                                   |    |  |           |
| Vehicle expenses (provide breakdown)                     | \$ | Is this evidence written?                  | Yes or No |
| Type & Year of Vehicle:                                  |    | If you lease, what is the monthly payment? | \$        |
| Date First Used for Business: / /                        |    | Number of Miles Driven for Business        | mi.       |
| Do you have another car for personal use? Yes or No      |    | Number of Miles Driven for Personal        | mi.       |
| Do you have evidence to support the deduction? Yes or No |    | Number of Miles Driven for Commuting       | mi.       |

|                                     |        |  |    |
|-------------------------------------|--------|--|----|
| <b>Home Office</b>                  |        |  |    |
| Square Footage of Home              | sq./ft | Cost of Utilities Except Water per Month | \$ |
| Square Footage of Space/Room Used   | sq./ft | Amount of Rent Paid per Month            | \$ |
| Fair Market Value of Home           | \$     | Insurance – Homeowners/Renters           | \$ |
| Number of Months Office was in Home |        | Other - Specify                          | \$ |

| Equipment Purchased Prior to this Tax Year | Date Purchased | Placed in Service | Cost |
|--|----------------|-------------------|------|
| Computer                                   | / /            | / /               | \$   |
| Printer                                    | / /            | / /               | \$   |
| Cell Phone                                 | / /            | / /               | \$   |
| Pager                                      | / /            | / /               | \$   |
| Fax Machine/Scanner                        | / /            | / /               | \$   |
| Other                                      | / /            | / /               | \$   |

| List Equipment Purchased this Tax Year | Date Purchased | Placed in Service | Cost |
|--|----------------|-------------------|------|
|  | / /            | / /               | \$   |
|  | / /            | / /               | \$   |
|  | / /            | / /               | \$   |
|  | / /            | / /               | \$   |
|  | / /            | / /               | \$   |

**Small Business Comments and Other Expenses:**

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**Note: If new client – provide copy of last years tax return!**