FREE ELECTRONIC FILING · TAX PREPARATION FOR ALL STATES

ADDITIONAL PROFESSIONAL EXPENSES for THERAPISTS & HEALING ARTS

DO NOT DUPLICATE EXPENSES already filled in on SELF-EMPLOYED WORKSHEET

Name: _____ SS # _____ Tax Year: _____

License & Fees .....$ _____

Equipment Repairs.....$ _____

Supplies .....$ _____

Publicity & Promo Photos, & Film Developing .....$ _____

Space Rental.....$ _____

Equipment Rental.....$ _____

Laundry & Cleaning .....$ _____

Assistants .....$ _____

CDs, DVDs & Tapes.....$ _____

Books, Publications, Journals .$ _____

Seminars & Training .....$ _____

Gifts -Business ($25. max per person/per yr) .$ _____

Entertainment.....$ _____

Meals (business discussed) .....$ _____

Travel expense for shows, etc .$ _____

Number of Overnights ..... _____

Meals .....$ _____

Lodging .....$ _____

Telephone: Basic .....$ _____

Long Distance: .....$ _____

Cellular: .....$ _____

Internet .....$ _____

Postage, mailing, messenger service.....$ _____

Client Amenities .....$ _____

Other.....$ _____

.....$ _____

.....$ _____

DO YOU HAVE A DEDICATED HOME OFFICE: ❑ Yes ❑ No *See Self Employment Worksheet*

EQUIPMENT

TYPE		COST	DATE
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____
_____	$	_____	_____

Use back side to list any additional information - attach all other documentation.

ALL FEES PAYABLE AT TIME OF SERVICE OR PRIOR TO E-FILING • CASH, CHECK, CREDIT CARD

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