

STOP!!!!

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

OR

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

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

Notes for special situations:

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

Mechanics 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 Loan \$ _____ EDIL 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	\$ _____	_____	Office Supplies (Tape, Staples, Etc)	\$ _____	_____
Equipment Fuel	\$ _____	_____	Safety Items (Belt, Vest, Glove, Etc)	\$ _____	_____
Incidental Supplies (Kleenex, Clorox, Etc)	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____

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
Business Meals Local	\$ _____	_____	Union Dues	\$ _____	_____
Meeting Expenses	\$ _____	_____	Uniform/Patches/Insignia	\$ _____	_____
Business Meals Overnight (See Travel Chart)			Uniform Cleaning	\$ _____	_____
Business Gifts (\$25/person/year)	\$ _____	_____	Job Hunting or Portfolio Expenses	\$ _____	_____
Equipment Repair	\$ _____	_____	Subcontractors (Send 1099 to Subs Earning Over \$600)	\$ _____	_____
Convention Fees	\$ _____	_____	Licenses	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____
_____	\$ _____	_____	_____	\$ _____	_____

Continuing Education & Graduate School

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

Other Mileage – If your business has multiple vehicles please ask us for our Vehicle Chart

	Related Mileage	Related Mileage
Meetings	_____	_____
Mileage to Make Estimates	_____	_____
Site to Site Miles	_____	_____
Mileage to Pick Up Supplies	_____	_____

Total vehicle mileage for the whole year
(Odometer on Dec 31 minus Odometer on Jan 1) _____

Total miles spent on regular daily commute _____

<i>Office Use Only – Total Related Mileage</i>

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
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	
		\$	\$	\$		\$	

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
Total Rent Paid For the Year	\$
Homeowners/Renters Insurance	\$
HOA/Condo Association Fees	\$
Trash Pick-up	\$
Security	\$
Square footage of office space (including storage)	FT ²

Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Repairs & Maintenance to the office space	\$
Repairs & Maintenance to your home	\$
Improvements to the office space	\$
Improvements to your home	\$

Square footage of the finished space in your home including the office space.	FT ²
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If you move during the year please separate your Home Offices

Date you moved into your new residence: _____

Mortgage Interest NEW HOME	Bring your End of Year 1098 Mortgage Statement
Total Rent Paid For the Year	\$
Homeowners/Renters Insurance	\$
HOA/Condo Association Fees	\$
Trash Pick-up	\$
Security	\$
Square footage of office space (including storage)	FT ²

Utilities: Combined yearly TOTAL of Water, Sewer, Electric, Gas, Oil, etc.	\$
Repairs & Maintenance to the office space	\$
Repairs & Maintenance to your home	\$
Improvements to the office space	\$
Improvements to your home	\$

Square footage of the finished space in your home including the office space.	FT ²
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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: