

# 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)                     | \$ | If you lease, what is the monthly payment?          | \$  |
| Type & Year of Vehicle:                                  |    | Number of Miles Driven for Business Jan 1–Jun 30    | mi. |
| Date First Used for Business: / /                        |    | Number of Miles Driven for Business July 1– Dec 31  | mi. |
| Do you have another car for personal use? Yes or No      |    | Number of Miles Driven for Personal Jan 1– Dec 31   | mi. |
| Do you have evidence to support the deduction? Yes or No |    | Number of Miles Driven for Commuting Jan 1- Jun 30  | mi. |
| Is this evidence written? Yes or No                      |    | Number of Miles Driven for Commuting July 1– Dec 31 | 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:**  
 \_\_\_\_\_  
 \_\_\_\_\_

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