DIAMOND
FINANCIAL CORPORATION

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 – 2nd line if in home	$	Date you started your business: / /	

Vehicle Expense

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.

Home Office

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!