

AUTO SALESPERSON DEDUCTIONS

| | | | |
|------|--|----------|--|
| NAME | | TAX YEAR | |
|------|--|----------|--|

| SALES EXPENSES | |
|----------------------------|--|
| Advertising | |
| Bank Charges | |
| Marketing | |
| Clerical | |
| Client Gifts | |
| Courier Service | |
| Commission | |
| Customer Refreshments | |
| Gifts | |
| Fuel, customers vehicle | |
| Postage | |
| Printing | |
| Promotional Items | |
| Referrals | |
| Repairs | |
| Sales Assistants | |
| Sales Inducements | |
| Stationery | |
| Team Sales Incentives | |
| Tools | |
| Uniforms - Dealer Required | |
| Travel - overnight | |
| Washes/waxes, customers | |
| Other _____ | |
| Other _____ | |
| Other _____ | |

The purpose of this worksheet is to help you organize your tax-deductible expenses. In order for an expense to be deductible, it must be considered an "ordinary and necessary" expense. You may include other applicable expenses. Do not include expenses for which you have been reimbursed, expect to be reimbursed, or are reimbursable.
Please provide documentation for each itemized expense.

| VEHICLE & TRAVEL | |
|---|--|
| See Vehicle, Travel & Entertainment Worksheet | |
| PROFESSIONAL | |
| Continuing Ed | |
| Dues | |
| Legal Fees | |
| Licenses/Memberships | |
| Seminars | |
| Publications | |
| Office Supplies | |
| Office Equipment | |
| Other _____ | |
| Other _____ | |
| TELEPHONE | |
| Cell Phone | |
| Fax Line | |
| 2nd Line | |
| Other _____ | |
| OTHER | |
| | |