



Self Employed Income/Expenses

Name of Proprietor		Business Activity				
Business Name		Product or Service				
Business Address		Federal I.D. Number (If applicable or new)	Federal I.D. Number (If applicable or new)			
	: Cash B	sis Accrual Other				
Inventory (If applical	ble) is based on	Cost Other				
	of your home for bu	iness (such as a home office)? Yes N	0			
a. Total hor	ne square footage: _					
b. Total squ	are footage used for	business:				
		qualify for job credits?Yes No				
5. How many months i	n business during the	year? months				
INCOME		COST OF GOODS SOLD (COGS) – if you have in	ventory			
Total Income Received		Inventory Purchased				
		During Year				
Income Reported on		End of Year Inventory				
1099s (Be sure to bring in						
all 1099s)		Above Withdrawn for				
		Personal Use				
		Cost of Labor				
		Materials/Supplies				
		Water als/ supplies				
Other:		Other:				
		XPENSES				
Advertising		Wages (Not Reported Above)				
Bad Debts		Payroll Taxes				
Bank Charges		Social Security & Medicare				
Vehicle Expense		Unemployment (Fed & State)				
Commissions & Fees Paid		Other Taxes				
Dues & Publications		Real Estate				
Employee Benefit Program	ns	Personal Property				
Freight (Not included above)		Other:				
Insurance (Business)		Automobile Mileage (Adequate records required)				
Interest (Business)		Total Miles Driven				
Laundry & Cleaning		Rusiness Miles				



Legal & Professional		Parking Expense		
Office Supplies & Postage		Travel (Out of Town)		
Pensions/Profit Sharing		Transportation (Air Fare)		
Utilities		Lodging		
Rent (Business)		Cabs, Bus, Rentals		
Repairs & Maintenance		Other:		
Supplies (Other)		Meals & Entertainment (at 100%)		
Telephone (Business)		Meals & Tip		
Health Ins. (Personal 100%)		Entertainment		
Equipment Purchases (if over \$1,500)		Tickets & Events		
DO NOT INCLUDE THESE ELSEWH	IERE	Gifts		
Mortgage Interest (Paid to Financial Ins				
Depreciation – If Predetermined (Attac				
Other (Explain):				

NEW EQUIPMENT/CAPITAL IMPROVEMENTS

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If during the year you purchased Equipment, Furniture, Vehicles, or made Property Improvements, list below (do not duplicate on form)								
Description	Date	Cost		Asset	t Was	If Trade-In Involved		
			Ne	w	Used	Description	Allowance	
							_	

DEPRECIABLE ASSETS SOLD OR DISPOSED OF

Description	Date	Original	Date	Describe means of	Amount
	Acquired	Cost	Disposed of	Disposal	Received