

SELF EMPLOYED INCOME/EXPENSES

Name of Proprietor		Business Activity	
Business Name		Product or Service	
Business Address		Federal I.D. Number (if applicable or new)	
1. Accounting Method: <input type="checkbox"/> Cash Basis <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 2. Inventory (if applicable) is based on <input type="checkbox"/> Cost <input type="checkbox"/> Other _____ 3. Do you use any part of your home for business? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Did you hire any new employees that may qualify for job credits? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. How many months in business during the year? _____ months 6. Did you have an office in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
INCOME		COST OF GOODS SOLD (COGS) - If you have Inventory	
Gross Receipts/Sales		Beginning of Year Inventory	
Returns & Allowances		End of Year Inventory	
*Income Reported on 1099's		Purchases	
*Commissions		Above Withdrawn for Personal Use	
Other:		Cost of Labor	
		Materials/Supplies	
*Do Not Duplicate if included in Gross Receipts		Other:	
EXPENSES			
Advertising		Wages (Not Reported Above)	
Bad Debts (if reported as income)		Payroll Taxes	
Bank Charges		Social Security and Medicare	
Car/Truck Expense (Detail on Back)		Unemployment (Fed & State)	
Commissions & Fees Paid		Other Taxes	
Dues & Publications		Real Estate	
Employee Benefit Programs		Personal Property	
Freight (Not included in COGS)		Other:	
Insurance (Business)		Automobile Mileage (Adequate records required)	
Interest (Business)		Total Miles Driven	
Laundry & Cleaning		Business 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 ELSEWHERE		Gifts	
Mortgage Interest (Paid to Financial Institution)			
Depreciation - If Predetermined (Attach Schedule)			
Other (Explain):			

List on Page 2, purchases of equipment, furniture, vehicles or leasehold improvements.

Please provide a Balance Sheet if Applicable

NEW EQUIPMENT/CAPITAL IMPROVEMENTS

If during the year you purchased Equipment, Furniture, Vehicles or made Property Improvements, list below (do not duplicate on other side)

Description	Date	Cost	Asset Was		If Trade-In Involved	
			New	Used	Description	Allowance

DEPRECIABLE ASSETS SOLD OR DISPOSED OF

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