



Self-Employed Income/Expense

Name of Proprietor	Business or Activity
Business Name	Product or Service
Business Address	Federal I.D. #

1. Is business conducted on the Cash Basis Accrual Other
2. Inventory is based on Cost Other
3. Do you use your home for business? Yes No
4. Did you hire any new employees that may qualify for job credits? Yes No
5. How many months in business during year? _____

INCOME		COST OF GOODS SOLD (If applicable)	
Gross Receipts/Sales	\$	Beg. of Year Inventory	\$
Returns & Allowances	\$	End of Year Inventory	\$
1099 Income*	\$	Purchases	\$
Commissions*	\$	Purchases for Personal Use	\$
Other	\$	Cost of labor	\$
		Materials/Supplies	\$
		Other	\$

*Do not duplicate if included in gross receipts

I hereby certify that I have reported all income earned in _____ and that I have adequate records and sufficient written evidence to support the use of vehicles and deductions listed below.

Signature Date

Advertising	\$	Wages (Gross)	\$
Bad Debts	\$	Payroll Taxes	
Bank Charges	\$	FICA & Medicare	\$
Car & Truck (Detail)	\$	Unemployment	\$
Commissions/Fees	\$	Other Taxes	
Dues/Publications	\$	Real Estate	\$
Employee Benefits	\$	Personal Property	\$
Freight	\$	Other Taxes - B&O	\$
Insurance	\$	Auto Mileage	
Interest	\$	Total Miles	
Laundry/Cleaning	\$	Business Miles	
Legal & Professional	\$	% for Business	
Off. Supplies/Postage	\$	Parking Expense	\$
Pensions/Profit Sharing	\$	Travel - Out of Town	
Utilities	\$	Transportation	\$
Rent (Business)	\$	Lodging	\$
Repairs/Maint.	\$	Cabs, Car Rentals	\$
Supplies (Other)	\$	Other:	\$
Telephone (Business)	\$	Meals/ Entertainment- (List 100% of cost)	
Other:	\$	Meals & Tips	\$
	\$	Entertainment	\$
	\$	Tickets & Events	\$
	\$	Gifts	\$
	\$		\$

Equipment Purchases/Capital Improvements

Description	Date Purchased	Cost	New Asset	Used Asset
		\$		
		\$		
		\$		
		\$		

