



**Self-Employed Income/Expense**

<b>Name of Proprietor</b>	<b>Business or Activity</b>
<b>Business Name</b>	<b>Product or Service</b>
<b>Business Address</b>	<b>Federal I.D. #</b>

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
		\$		
		\$		
		\$		
		\$		

