

SELF EMPLOYED WORKSHEET

Is Self Employed Income for Taxpayer: _____ Spouse: _____

Business Name If Different: _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

EIN #: _____ - _____ Business Class Code if Known: _____

What Type of Business is this, What do you do: _____

Accounting Method: CASH _____ Accrual _____ Other _____ (specify) _____

Was the business started in 2017: _____ Did you materially participate in operations: _____

Do you need to file 1099 forms: _____ Are you going to file 1099 forms: _____

Do you need us to create the 1099's and file the 1096 for you: _____

Business Income:

Gross Revenue / Sales: _____

Returns and Allowances (spoilage): _____

Expense Account	Total Amount Paid
Advertising / Marketing	
Commission Paid / Sales Fees	
Contract Labor (1099 Sub Contract Employees)	
Depreciation / Section 179 Expense	
Insurance (General Liability-Owners Policies-Workman's Comp)	
Interest-Mortgage	
Interest – Loans/Credit Card Finance Charges	
Accounting/Legal/Professional Services	
General Office Expense	
Rent- Building/Office (not home office)	
Rent – Vehicles / Machinery & Equipment	
Rent – Other	
Repairs and Maintenance	
Supplies (not included in Cost of Goods Sold)	
Taxes and Licenses	
Travel	
Deductible Meals and Entertainment	
Utilities (electric/water/sewer/garbage)	
Telephone / Internet	
Pension and Profit Sharing Plans	
Employee Benefits (not included above)	
Employee Wages (not included in Cost of Goods Sold)	
Other (describe)	

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Cost of Goods Sold	Total Amount Paid
Inventory at Beginning of Year	
Purchases	
Cost of Production Labor (Do not include pay to self)	
Materials and Supplies for Production	
Other Production Cost	
Total	
Ending Inventory	
Cost of Goods Sold (Subtract Ending Inventory from Total)	

Vehicle 1 Information:

Year: _____ Make: _____ Model: _____

Date Placed in Service for Business Use: ____/____/____

Own or Lease: _____ If Own have you taken Depreciation before: _____

Total Miles Driven in 2017: _____ Business Miles: _____ Commuting _____

Other: _____

Is vehicle used for personal use: _____ Percent Personal Use: _____

Do you have another vehicle available for personal use: _____

Do you have Written Evidence to support your deduction, such as a mileage log or receipts: _____

Automobile Expenses	Total Amount Paid
Gas	
Tolls / Parking	
Repairs	
Maintenance	
Lease Payments	
Insurance	

Vehicle 2 Information:

Year: _____ Make: _____ Model: _____

Date Placed in Service for Business Use: ____/____/____

Own or Lease: _____ If Own have you taken Depreciation before: _____

Total Miles Driven in 2017: _____ Business Miles: _____ Commuting _____

Other: _____

Is vehicle used for personal use: _____ Percent Personal Use: _____

Do you have another vehicle available for personal use: _____

Do you have Written Evidence to support your deduction, such as a mileage log or receipts: _____

SELF EMPLOYED WORKSHEET

Automobile Expenses	Total Amount Paid
Gas	
Tolls / Parking	
Repairs	
Maintenance	
Lease Payments	
Insurance	

Any other income or expenses not listed above: Please list.
