

Self Employed Income/Expense

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

1. Business is conducted on the : ___ Cash Basis ___ Accrual ___ Other: _____
2. Inventory (if applicable) is based on: ___ Cost ___ Other: _____
3. Do you use any part of your home for business? ___ Yes ___ No
4. Did you hire any new employees that may qualify for job credits? ___ Yes ___ No
5. Number of months in business this year? _____

Income

Gross Receipts/Sales		Income Reported on 1099's*	
Returns & Allowances		Commissions *	

*Do not duplicate if included in gross receipts

Cost of Goods Sold (If Applicable)

Beginning of Year Inventory		Cost of Labor	
End of Year Inventory		Materials/Supplies	
Purchases		Dump Fees	
Above Withdrawn for Personal Use		Other	

Expenses

General

Advertising		Legal & Professional	
Bad Debts (If Reported as Income)		Licenses & Permits	
Bank Charges		Office Supplies & Postage	
Bond		Online Fees	
Car/Truck Expense (Detail)		Pensions/Profit Sharing	
Commissions & Fees Paid		Rent (Business)	
Dues & Publications		Repairs & Maintenance	
Education/Books		Subcontractors	
Employee Benefit Programs		Supplies (Other)	
Freight (not included above)		Telephone (Business)	
Insurance		Tools	
Interest (Business)		Utilities	
Laundry & Cleaning		Wages (Not Reported Above)	

Payroll Taxes

Social Security & Medicare		Unemployment (Fed & State)	
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