

SELF EMPLOYMENT INCOME AND EXPENSE

Name of your business? _____

Federal ID# _____ State ID# _____

Do you have a business license?	YES OR NO
Did you start this business this tax year?	YES OR NO
Did you sell or close the business in this tax year?	YES OR NO
Did you receive any 1099's or other documents of income?	YES OR NO
Did you issue any 1099's or W-2's to contractors or employee's?	YES OR NO
Do you file sales tax reports monthly or quarterly?	YES OR NO
Do you want a PT-100 tax return prepared for your depreciable assets? (State Requirement, Additional Fee)	YES OR NO

INCOME AND EXPENSE		AMOUNT	EXPENSE	AMOUNT
GROSS RECEIPTS(INCOME)			OFFICE SUPPLIES	
RETURNS AND ALLOWANCES			RENT OR LEASE:	
COST OF GOODS SOLD			VEHICLE, EQUIPMENT	
MATERIALS AND SUPPLIES			OTHER BUSINESS PROPERTY	
LABOR			REPAIRS AND MAINTENANCE	
OTHER EXPENSE			SUPPLIES	
OTHER INCOME			TAXES AND LICENSES	
ADVERTISING			TRAVEL(LODGING)	
DUES AND SUBSCRIPTIONS			DEDUCTABLE MEALS& ENTERTAINMENT	
LEGAL AND PROFESSIONAL			UTILITIES	
HEALTH INSURANCE			WAGES	
COMISSION AND FEES			TELEPHONE(LANDLINE)	
CONTRACT LABOR			CELL PHONE	
INSURANCE (other than health)			OTHER EXPENSES	
INTEREST:				
MORTGAGE				
OTHER				
EQUIPMENT PURCHASED: (USE BACK OF SHEET IF NEEDED)				
DESCRIPTION	PURCHASE DATE	PURCHASE PRICE	VEHICLE USED FOR BUSINESS:	
			MAKE AND MODEL (ex. 2015 CHEVY 1500)	
			TOTAL MILEAGE FOR THE YEAR (ALL)	
			BUSINESS MILEAGE FOR THE YEAR	

I REQUEST THAT THE TOTALS SHOWN BELOW BE USED TO PERPARE MY TAX RETURNS. I HAVE IN MY POSSESSION RECEIPTS AND/OR OTHER DOCUMENTATION TO SUPPORT THESE TOTALS. I WILL PROVIDE THESE MATERIALS FOR AUDIT PURPOSES IF REQUESTED. I ACCEPT FULL RESPONSIBILITY FOR THE INFORMATIONPROVIDED.

Sign here: _____ Date: _____