



**General Information**

Business Owner \_\_\_\_\_

Business Description \_\_\_\_\_

Business Name (if no separate name, leave blank) \_\_\_\_\_

Employer ID Number (if different from SSN) \_\_\_\_\_

Accounting method:  Cash  Accrual  Other (specify) \_\_\_\_\_

Did you materially participate in the business during this year?  Yes  No

Did you start or acquire this business this year?  Yes  No

**Income**

Gross receipts from 1099-MISC *(provide forms please)*

Other gross receipts or sales \_\_\_\_\_

Returns and allowances \_\_\_\_\_

Cost of goods sold:

Inventory at beginning of year \_\_\_\_\_

Purchases less personal use items \_\_\_\_\_

Cost of labor (not self) \_\_\_\_\_

Materials and supplies \_\_\_\_\_

Other costs \_\_\_\_\_

Inventory at end of year \_\_\_\_\_

**Expenses**

Advertising \_\_\_\_\_

Car and truck *(see worksheet)*

Commissions and fees \_\_\_\_\_

Contract labor \_\_\_\_\_

Depletion \_\_\_\_\_

Depreciation and section 179 *(see worksheet)*

Employee benefit programs (other than pension and profit-sharing plans) \_\_\_\_\_

Insurance (other than health) \_\_\_\_\_

Interest:

Mortgage (not home office) \_\_\_\_\_

Other \_\_\_\_\_

Legal and professional services \_\_\_\_\_

Office expense \_\_\_\_\_

Home Office expenses *(see worksheet)*

Pension and profit-sharing plans \_\_\_\_\_

Rent or lease:

Vehicles, machinery, equipment \_\_\_\_\_

Other business property \_\_\_\_\_

Repairs and maintenance \_\_\_\_\_

Supplies (not included in COGS) \_\_\_\_\_

Taxes and licenses \_\_\_\_\_

Travel, meals, and entertainment:

Travel \_\_\_\_\_

Meals and entertainment \_\_\_\_\_



**Self-Employed Questionnaire**

Utilities (not home office) \_\_\_\_\_

Wages (less employment credits) \_\_\_\_\_

Other expenses (specify):

    Telephone \_\_\_\_\_

    Postage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Car and Truck Expenses Worksheet**

Vehicle Description			
Date placed in service			
Total miles for year			
Business miles for year	Before 7/1: After 7/1:	Before 7/1: After 7/1:	Before 7/1: After 7/1:
Commuting miles for year			
Another vehicle for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Available during off-duty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have evidence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Depreciation and Section 179 Worksheet**

<b>Description of asset</b>							
<b>Date placed in service</b>							
<b>Cost or Basis</b>							
<b>Prior-Year Section 179</b>							
<b>Prior-Year depreciation</b>							
<b>Date of Disposal</b>							
<b>Sale Price</b>							
<b>Sales Expenses</b>							



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**Home Office Deductions Worksheet**

Area used exclusively for business	_____
Total area of home	_____
Mortgage Interest	_____
Real estate taxes	_____
Insurance	_____
Repairs and maintenance	_____
Utilities:	
Gas	_____
Electric	_____
Water	_____
Sewer	_____
Trash pickup (NOT yard maint.)	_____
Other expenses	_____