



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			
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

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



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	_____