



SELF-EMPLOYED & SMALL BUSINESS

Name: _____ SS # _____ Tax Year: _____

INCOME

Sales & Receipts \$ _____

COST OF GOODS (MATERIALS)

Purchases \$ _____

Ending Inventory \$ _____

EXPENSES

Advertising & Promotion \$ _____

Auto Expense: Actual \$ _____

OR Bus. Miles _____

Commissions and Fees \$ _____

Sub-Contractors \$ _____

need to issue 1099 if over \$600

New Equipment Purchases: (list separately additional equipment on back side of this sheet)

\$ _____

\$ _____

Business Insurance \$ _____

Business Interest \$ _____

(loan, business c.c. & equipment)

Legal & Accounting \$ _____

Office & Postage/Messenger \$ _____

Business Rent \$ _____

Office Utilities \$ _____

Equipment Rental/Lease \$ _____

Supplies \$ _____

Equipment Repairs \$ _____

Travel: Number of Overnights _____

Actual Meals.....\$ _____

Actual Lodging.....\$ _____

Meals & Entertainment/Meetings \$ _____

Wages Paid \$ _____

Payroll Taxes \$ _____

Employee Benefits \$ _____

Sales Tax Paid \$ _____

Bank Charges \$ _____

Dues & Subscriptions \$ _____

Research & Education \$ _____

Cell Phone Percentage of use \$ _____

Computer Software \$ _____

Props \$ _____

Printing & Film Processing \$ _____

Parking \$ _____

Health Insurance Paid \$ _____

Business Phone & Internet \$ _____

Extra Services on Home Phone \$ _____

Gifts -Business (\$25. max per person/per yr) \$ _____

Other \$ _____

\$ _____

IN-HOME OFFICE EXPENSES:

Square Feet of Home: _____

Square Feet of Office: _____

Mortgage Interest on Home \$ _____

Property Taxes \$ _____

Insurance on Home \$ _____

Utilities \$ _____

Cable TV \$ _____

Repairs & Maintenance \$ _____

Improvements \$ _____

Rent \$ _____

Other \$ _____

\$ _____

ESTIMATED TAXES PAID

FEDERAL: \$ _____ date _____

STATE: \$ _____ date _____

Use back side to list any additional information - attach all other documentation.

02 Self Employed 2010

ALL FEES PAYABLE AT TIME OF SERVICE OR PRIOR TO E-FILING • CASH, CHECK, CREDIT CARD