



# SELF-EMPLOYED & SMALL BUSINESS

Also to use for Uncompensated Business Expenses

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.

04 Self Employed • 2010 Tax Period

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