

SELF-EMPLOYED			
[Name]		[SS#]	
[Address]		[BD]	
[Phone]		[Email]	
[Business Name]			
[Business Address]			
[Business Activity/Product]		(Did you begin business this year?)	
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
TOTAL INCOME /GROSS RECEIPTS		Provide all Forms 1099	
EXPENSES	PURCHASES	COST	
Advertising		<i>Equipment</i>	
Bad Debts			
Bank Charges			
Charitable Contributions		<i>Furniture</i>	
Commissions			
Contract Labor			
Depreciation			
Dues and Subscriptions		<i>Machines</i>	
Insurance			
Interest			
Legal and Professional Fees			
Miscellaneous			
Office Expense			
Parking & Tolls			
Payroll Taxes			
Postage			
Rent or Lease			
Repairs and Maintenance			
Supplies			
Taxes and Licenses			
Telephone			
Travel			
Airfare, Taxi, Auto Rentals, Tips			
Lodging, Cleaning and Laundry			
Meals and Entertainment			
Utilities			
Wages			
Other			
VEHICLE			
Description of Vehicle			
Total Miles driven this year			
Business Mileage			
Personal Mileage			
Date first used for Business			