

SELF-EMPLOYED BUSINESS EXPENSES
(FOR SOLE PROPRIETORS, SINGLE LLC MEMBERS, PARTNETSHIPS, AND CORPORATIONS)

OWNED/OPERATED BY:

Taxpayer#1 _____ Taxpayer#2 _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

EIN NO. _____

ADDRESS OF BUSINESS: _____

GROSS RECEIPTS/INCOME RECEIVED: _____

- A. Advertising Expense Amount _____
- B. Vehicle/Equipment Monthly Lease Amount _____
- C. Apartment Monthly Rent Paid _____
- D. Apartment Rental Insurance Paid: _____
- E. Legal Expenses Paid: _____
- F. Home Repairs and Maintenance: _____
- G. Building Repair and Maintenance Expense _____
- H. Business Supplies _____
- I. Taxes/License/Permits Paid: _____
- J. Travel Expense Paid:
 Airline _____ Hotel _____ Car Rental _____
- K. Meals/Entertainment Expense: _____
- L. Wages Paid to Contract Workers: _____
- M. Business Cell Phone: _____
- N. Mortgage Interest Paid: _____
- O. Property Taxes Paid: _____
- P. Utilities Paid: Gas _____ Lights _____ Trash _____
 Water _____ Gardner _____

HOME OFFICE EXPENSES:

- How many bedrooms are in your house: _____
- How many rooms are used EXCLUSIVELY for business: _____
- Do you pay for business insurance? If so, how much? _____
- How much is your MORTGAGE INTEREST for the year? _____
- How much is your PROPERTY TAXES for the year? _____

THE ABOVE INFORMATION IS TRUE AND CORRECT..

Signature: _____ **Date:** _____