SELF-EMPLOYMENT WORKSHEET

Did your business:			
☐ Have expenses over \$35,000?		☐ Carry an inventory?	
☐ Have a loss in a previous tax year or current year?		☐ Have paid employees?	
☐ Use your home for office space?		☐ Have depreciation expenses?	
Our volunteers are not certified to corthese questions, you are better off go	•	-	ed yes to any of
If none of the above applies, please co	omplete the following:		
Business Name (if any):		Year business began:	
Address (if any):			
Federal ID # (if any):			
Gross Business Income: \$			
Expenses:			
Advertising:	_		
(inc. business cards, flyers, ads)	\$	Repairs & maintenance:	\$
Insurance (other than health):	\$	Supplies:	\$
Logal & professional services	A	Taxes & Licenses:	4
Legal & professional services: Office expense:	\$	(inc. business sales & real estate taxes)	\$
(inc. bank & credit card charges)	\$	Travel (not including meals):	\$
Equipment rental/lease:	\$	Meals & entertainment:	\$
	\$	Utilities:	
Rent or lease of property:		(inc. business use cell phone)	
Business Use of Vehicle: Date vehicle put in service:		Type of vehicle:	
Business Mileage:			
Do you have evidence to support you			L
☐ Yes ☐ Yes		the evidence written.	
□ No □ No			
Evidence includes mileage logs, apportant from oil changes, repair invoices, and		· · · · · · · · · · · · · · · · · · ·	ometer readings
I certify that I have listed all income a entered on this worksheet.	and all expenses, and	have documentation to back up	the figures
Printed Name:			
Signature:		Date:	