SELF-EMPLOYMENT WORKSHEET

Did your business:

- ❑ Have expenses over $50,000?
- ❑ Have a loss in a previous tax year or current year?
- ❑ Use your home for office space?
- ❑ Carry an inventory?
- ❑ Have paid employees?
- ❑ Have depreciation expenses?

Our volunteers are not certified to complete returns with the above scenarios. **If you answered yes to any of these questions, you are better off going to a paid preparer.**

If none of the above applies, please complete the following:

Business Name (if any): _____ Year business began: _____

Address (if any): _____

Federal ID # (if any): _____

Gross Business Income: $_____

(this includes all 1099s, cash, and 1099-K credit card payments, tips)

Tips: $_____

(This is a requirement if you wish to claim the new tip deduction. Tips MUST still be included in your gross Business Income) *** You have to be in a career that customarily and regularly receives tips.**

Expenses:

Advertising: *(inc. business cards, flyers, ads)* $_____

Insurance (other than health): $_____

Legal & professional services: $_____

Office expense: *(inc. bank & credit card charges)* $_____

Equipment rental/lease: $_____

$_____

Rent or lease of property:

Repairs & maintenance: $_____

Supplies: $_____

Taxes & Licenses: *(inc. business sales & real estate taxes)* $_____

Travel (not including meals): $_____

Meals & entertainment: $_____

Utilities: $_____ *(inc. business use cell phone)*

Business Use of Vehicle:

Date vehicle put in service: _____ Type of vehicle: _____

Business Mileage: _____ Commuting Mileage: _____ TOTAL MILEAGE: _____

Do you have evidence to support your mileage? If yes, is the evidence written?

❑ Yes ❑ Yes

❑ No ❑ No

Evidence includes mileage logs, appointment records, calendars, etc. The IRS could also ask for odometer readings from oil changes, repair invoices, and purchase/sale documents.

I certify that I have listed all income and all expenses, and I have documentation to back up the figures entered on this worksheet.

Printed Name: _____

Signature: _____ Date: