



Self-Employed / Sole Proprietor Worksheet

Client Name: _____

Year: _____

General Business Information

Business Name (if any): _____

EIN (if any): _____

Business address (if own/rent separate business location): _____

Product or Service: _____

This business started this year

This business was closed this year

Yes No Paid \$600 to an individual for services or rent?

Yes No Filed Form 1099 for the individual(s)?

Income

Gross receipts or sales..... _____ Other income (list): _____

Returns & allowances..... _____

NOTE: Please provide all 1099-K/MISC forms you received.

Expenses - See next page for auto/home office expenses and equipment purchases.

Advertising.....	_____	Rent - Equipment.....	_____
Bank Charges.....	_____	Rent - Office (not home office)..	_____
Commissions & Fees.....	_____	Repairs (equipment).....	_____
Contract Labor.....	_____	Shipping.....	_____
Dues & Subscriptions.....	_____	Software.....	_____
Education/Training.....	_____	Supplies.....	_____
Health Insurance (your family).....	_____	Taxes (list): _____	_____
Insurance (business/liability).....	_____	_____	_____
Interest paid on business loans.....	_____	Travel.....	_____
Internet: _____ % business use.....	_____	Uniforms.....	_____
Legal & professional services.....	_____	Utilities (not for your home).....	_____
Licenses.....	_____	Website Expenses.....	_____
Meals (from restaurants).....	_____	Other (list): _____	_____
Meals (other).....	_____	_____	_____
Office supplies.....	_____	_____	_____
Phone: _____ % business use.....	_____	_____	_____
Postage.....	_____	_____	_____
Professional Memberships.....	_____	_____	_____

* **DO NOT** include auto or home office expenses: insurance, interest, rent, repairs, utilities, etc. See next page.

* If you have employees, please provide Forms W-2 and a Payroll Summary Report by Employee.

Cost of Goods Sold - Retail Businesses ONLY

Inventory at beginning of year.....	_____	Commissions & Fees.....	_____
Merchandise Purchased for Resale.....	_____	Shipping.....	_____
Inventory Withdrawn for Personal Use.....	_____	Other costs (list): _____	_____
Labor Cost (do not include \$ paid to self).....	_____	_____	_____
Materials & supplies.....	_____	Inventory at end of year.....	_____

Equipment, Furniture, Computers, etc. purchased for \$500 or more

Description: _____ Date: _____ Amount: _____
Description: _____ Date: _____ Amount: _____

Home Office

I have an office/space in my home that is used regularly and exclusively :

- As my primary place of business.
- As a place to meet with clients.
- In connection with my business, **and** it is a separate structure from my home.

Total Area of Home (sq ft): _____ **Office Area (sq ft):** _____

Optional - Actual Expenses (often recommended)

Rent	_____	Mortgage interest	_____ Form 1098
Insurance	_____	Purchase price of home	_____
Property taxes	_____	Other: _____	_____
Utilities	_____	Other: _____	_____

* Please provide 100% of household expenses. We will apply the appropriate business % on your tax return.

Auto Deduction

Please provide information about any vehicle(s) used for your business.

Do you have "evidence" to support your mileage? Yes No
If yes, is the "evidence" written? Yes No
* The main form of "evidence" is mileage logs. Appointment records, calendars, etc. can also be used.

Vehicle 1 **Vehicle 2**

Description (Make/Model/Yr):	_____	_____
Date business use began	_____	_____
Mileage:		
Total	_____	_____
Business	_____	_____
Commuting (home to main workplace)	_____	_____
Loan Interest	_____	_____
Parking & Tolls	_____	_____
Registration	_____	_____

Optional - Actual Expenses (generally not recommended unless vehicle is used 100% for business):

Purchase Price	_____	_____
Gas	_____	_____
Insurance	_____	_____
Repairs/Maintenance	_____	_____
Rent/Lease	_____	_____
Other (list): _____	_____	_____
_____	_____	_____