



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..... _____

Returns & allowances..... _____

NOTE: Please provide all 1099-K & 1099-NEC forms you received.

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

Accounting Services..... _____

Advertising..... _____

Bank Charges..... _____

Commissions & Fees..... _____

Consulting..... _____

Contract Labor..... _____

Dues & Subscriptions..... _____

Education/Training..... _____

Health Insurance (your family)..... _____

Insurance (business/liability)..... _____

Interest paid on business loans..... _____

Internet: Total Cost: \$ _____ % Business Use: _____ %

Legal Services..... _____

Licenses..... _____

Meals..... _____

Office supplies..... _____

Phone: Total Cost: \$ _____ % Business Use: _____ %

Postage..... _____

Professional Memberships..... _____

Rent - Equipment..... _____

Rent - Office (not home office).... _____

Repairs (equipment)..... _____

Shipping..... _____

Software..... _____

Supplies..... _____

Business Taxes (list): _____

Travel..... _____

Uniforms..... _____

Utilities (not for your home)..... _____

Website Expenses..... _____

Other (list): _____

* **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..... _____

Merchandise Purchased for Resale..... _____

Inventory Withdrawn for Personal Use..... _____

Labor Cost (do not include \$ paid to self)..... _____

Materials & supplies..... _____

Commissions & Fees..... _____

Shipping..... _____

Other costs (list): _____

Inventory at end of year..... _____

Equipment, Furniture, Computers, etc. purchased for \$2,500 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.

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

Optional - Actual Expenses (often recommended)

Purchase price of home	_____	Rent	_____
Mortgage interest	Form 1098	Insurance	_____
Property taxes	_____	Utilities	_____
Repairs	_____	Other (list): _____	_____
HOA Fees	_____		_____

* 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.

	<u>Vehicle 1</u>	<u>Vehicle 2</u>
Description (Make/Model/Yr):	_____	_____
Date business use began	_____	_____
Mileage:		
Total	_____	_____
Business	_____	_____
Commuting (home to main workplace)	_____	_____
Additional expenses you can deduct:		
Loan Interest	_____	_____
Parking & Tolls	_____	_____
Registration	_____	_____
Optional - Actual Expenses (generally <u>not</u> recommended unless vehicle is used 100% for business):		
Purchase Price	_____	_____
Gas	_____	_____
Insurance	_____	_____
Repairs/Maintenance	_____	_____
Rent/Lease	_____	_____
Other (list): _____	_____	_____
	_____	_____